

Canadian Journal of **PUBLIC HEALTH**

The National Journal of Preventive Medicine

ASSOCIATION

50TH YEAR

THE JOURNAL

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Volume 50

SEPTEMBER 1959

Number 9

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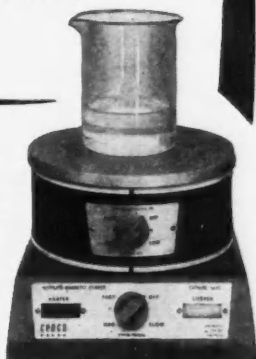
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Canadian Journal of **PUBLIC HEALTH**

VOLUME 50

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NUMBER 9

Canada's Program of Radiation Protection¹

HON. J. WALDO MONTEITH,² F.C.A.

THIS is my first opportunity of meeting the Canadian Public Health Association as a body, and I am delighted that it has coincided with one of the important milestones in your history. The lifetime of the Association has spanned an impressive era in the nation's health progress. From the advent of pasteurization to the impact of the Salk vaccine it has witnessed developments which have brought Canadians to the threshold of a new age of freedom from sickness and disease. Indeed, never before in human experience has so much headway been made in so brief a period.

The Association, itself, has played a leading role in this great forward movement. Through such educational media as its distinguished Journal, it has channeled information to public health workers across the country in a continuing effort to keep them abreast of advances in public health and preventive medicine. As the senior professional agency in the field, it has also constituted the "right hand" of governments in supporting various public health measures. In these and other ways, the Association has achieved an enviable record of service to the people of Canada—a record which can stand as a worthy inspiration for the second half-century on which it is now about to enter.

My topic today is "Canada's Program of Radiation Protection". I chose this topic for two reasons. In the first place, I am aware that considerable publicity has been given to such matters as radioactive fallout from nuclear tests and the medical use of X-rays. I am aware, moreover, that this publicity has created confusion and anxiety in the minds of many Canadians. As Minister of National Health and Welfare, I naturally feel a responsibility to do what I can to clarify the situation.

Secondly, I have chosen this topic because of the nature of this audience. You are the nation's leaders in public health, and radiation protection is—in the

¹Presented at the Jubilee Meeting of the Canadian Public Health Association, Sheraton-Mt. Royal Hotel, Montreal, Quebec, June 1, 1959.

²Minister of National Health and Welfare, Ottawa, Ontario.

view of the Dominion Government—largely a public health matter. Indeed, I understand that Canada was one of the first countries to so regard it. It was in 1949 that my department was assigned responsibility for advising the Atomic Energy Control Board on the health aspects of the use of atomic energy and its by-products.

In discussing this topic, I am also anxious to obtain your co-operation in disseminating the facts, in proper perspective, to all Canadians. To my mind, it is of vital importance that our people have a sound and realistic understanding of the problems involved.

RADIATION PROTECTION DIVISION

Because this is a complex matter, requiring highly trained staff and special equipment, my department has established a separate unit within our Health Branch to deal with it. Called the Radiation Protection Division, this unit has three closely related functions—administration, physical measurements and clinical studies.

From our point of view, the central question is, of course: "What is likely to be the effect on health of exposure to radiation?" This means that in the final analysis our chief interest must be with clinical studies. The other two parts of our program—administration and physical measurements—are, however, essential adjuncts, and their development must necessarily precede that of clinical studies.

Before going into the details of the program, I might indicate briefly how it has come into being. I have already mentioned the Department's entry into the field in 1949. It was at that time also that plans were made for developing a method of measuring occupational radiation exposures on a country-wide basis. Later we assumed responsibility for the medical use of radioisotopes. In this regard, we have been assisted by an advisory committee composed of leading physicians and physicists.

With the increased size and frequency of nuclear weapons testing in 1954, it became apparent that radioactive fallout would constitute a new source of radiation exposure, and one, moreover, that would affect the whole population rather than only a part, as in the case of radioisotopes. This realization led to a study not only of fallout but also of other sources of radiation exposure affecting the whole population such as the medical use of X-rays and radiation from natural sources. More recently, our activities have been extended to meet problems associated with the building of nuclear reactors for power production.

Underlying these various developments, of course, has been our concern for the possible effects of radiation exposure on exposed individuals and on future generations. Study programs in these areas are under way or planned.

So much for the historical background. Let me turn now to a closer examination of the program itself.

ADMINISTRATION

On the administration side, we have the task of acting as health advisers to the Atomic Energy Control Board. This includes providing advice not only on the use of radioisotopes but also with respect to nuclear reactors. A representative of the Department serves on the Board's Reactor Safety Advisory Com-

mittee which studies proposals for the construction and operation of these facilities.

In addition, we work in a more familiar area. Over the years, radiologists and other X-ray workers across the country have consulted with us in the matter of protective measures. This has been purely voluntary on their part and has led us to develop quite an extensive program concerned with X-rays.

In carrying out these administrative activities, we have established close working relationships with many outside groups. These include other federal agencies, various professional associations, universities, and provincial and local departments of health. On the world scene, our officials serve on such bodies as the United Nations Scientific Committee on the Effects of Atomic Radiation and the International Commission on Radiological Protection.

The latter, I might add, is an independent professional organization set up in 1928 to deal with the health hazards of X-rays. It later enlarged its scope to include radioisotopes. It consists of world experts elected on the basis of recognized ability. The recommendations of the Commission are used by the Department in its radiation protection activities.

PHYSICAL MEASUREMENTS

We are concerned here with three functions: assessment of radiation exposure of occupational groups; assessment of radiation exposure of the whole population and certain special projects.

Occupational groups. The assessment of radiation exposure of occupational groups is carried out by several methods. For example, the Department conducts a central film monitoring service for isotope and X-ray workers. Dental-sized films are issued every two weeks and returned to us for processing and interpretation. Any over-exposure is immediately reported to the laboratory involved. This service is now offered to some 8,500 Canadians for whom individual punch-card exposure records are maintained.

As a follow-up, an extensive field inspection and survey program provides information on the "housekeeping habits" of isotope workers. These surveys, in conjunction with the monitoring film records, will serve as the basis for further examination of particular individuals. To this end, we are actively planning the construction of a facility for measuring the amount of radiation in the human body.

To be known as a "total body monitor", this facility will fit into our program in this way. Suppose a field survey indicates that a laboratory is badly contaminated and that there is a strong likelihood workers have ingested radioactivity. In that event, these workers can be brought to the monitoring unit and measurements made to determine whether or not the amount of radioactivity in their bodies is in excess of the permissible level recommended by the International Commission on Radiological Protection.

Whole population. Various methods are employed in assessing the radiation exposure of the whole population. For one thing, a study is being made of the radiation exposure to reproductive tissues arising from the medical use of X-rays. This is a joint undertaking between the Department and the National Research Council. Another project concerns the measurement of radioactive

fallout. This, as I have said, dates back to 1954. At that time, our appraisal of the situation led us to the conclusion that strontium-90 was one of the components of fallout most likely to be of concern from the health viewpoint. Accordingly, our efforts were directed to the measurement of this radioactive element. Because strontium-90 is chemically similar to calcium, it was expected that it would enter the body in much the same way as calcium. Nutritional figures show that the main source of calcium in the average Canadian diet is dairy products. For this reason, and because of its ready availability, milk was chosen as the initial medium for measurement.

Cesium-137—another component of fallout—is also of concern from the health viewpoint. Whereas strontium-90 is related to possible effects on exposed persons, cesium-137 is related to possible effects on future generations. While our program to date has concentrated on the measurement of strontium-90, we are actively planning the development of suitable methods for adding cesium-137 determinations to our current studies.

In addition, we are engaged in setting up a nation-wide network for sampling air, rainfall and soil. The air-sampling program, which will be carried out on a daily twenty-four hour basis, will give us a measurement of the fallout concentration in air at ground level. Monthly rainfall samples will be analyzed for strontium-90 and cesium-137. This will provide information about the rate of fallout and will enable us to estimate the reproductive tissue dose from fallout for the whole population. Annual soil samples will be analyzed for strontium-90 and cesium-137, and these results will be used as a cross-check on the rainfall data as well as to further our understanding of the up-take of fallout by various plants.

A complete picture of environmental radiation exposure requires that we also make measurements of the radiation levels from natural sources. By natural sources is meant cosmic rays, radioactivity in the soil and building materials, and radioactivity normally present in the body. Taken together, these natural sources form a background or baseline of radiation to which mankind has always been exposed. To obtain a proper perspective, exposures from other sources must be compared with this baseline.

Such comparisons have been made. For example, the recent Report of the United Nations Scientific Committee on the Effects of Atomic Radiation contains the following estimated "genetically significant" doses computed from world-wide averages on the basis of a thirty-year period: from natural sources: a projected dose of 3 *rem*; from man-made sources other than fallout: a projected dose of between .5 and 5 *rem*; from radioactive fallout: a projected dose of .01 *rem*. The report also contains similar values with regard to "somatic" or body dose in terms of what is called "estimated mean marrow dose". From these, it is evident that the dose contributions from the various sources are in roughly the same proportion whether one considers the "genetic" dose or the "somatic" dose. Data of this kind support the view I expressed recently in Parliament to the effect that radioactive fallout contributes only a small part of the total radiation exposure at the present time.

I again make this statement so as to place radioactive exposure caused by fallout in its proper perspective. We are not trying to ignore or minimize the situation—as some might appear to believe. The emphasis that is placed on

fallout studies in the department's program is ample proof that we are not ignoring it. Furthermore, our interpretation of the facts is based on the best scientific advice that we can obtain, and I might say that we are able to obtain the views of the best scientists in Canada and in other countries.

Special projects. These projects will include facilities for coping with accidents which might involve high radiation exposures or widespread dispersion of radioactivity. The same facilities will also be available for testing industrial and commercial radiation sources to ensure that they meet acceptable safety standards.

CLINICAL STUDIES

These are of chief interest to us since they involve the effects of radiation on humans. I would add that the area of clinical studies contains the most uncertainties as we lack adequate knowledge about the fundamental biological effects of the irradiation of man. This is particularly so in the case of chronic, low-level radiation exposure.

It is because of these uncertainties that the matter of maximum permissible exposure to radiation has been approached with great caution. Here, I think it should be noted that those who are concerned with developing guidelines in this area are highly experienced persons who are actively engaged in radiation protection work. They have access to the most up-to-date, fundamental biological knowledge of the effects of irradiation on man. They are fully aware of the uncertainties and have allowed for them in their recommendations. That is why we believe it is meaningful to use these recommendations as the basis for assessing the significance of levels of radiation exposure. That is why we believe that Canadians should be reassured by the fact that our findings indicate that strontium-90 levels are well below what these recommendations suggest as permissible for the whole population.

This in no way removes the necessity for continuing scientific research into the possible effects of chronic, low-level radiation exposure. In the words of the Report of the United Nations Scientific Committee on the Effects of Atomic Radiation:

"Present knowledge concerning long-term effects and their correlation with the amounts of radiation received does not permit us to evaluate with any precision the possible consequence to man of exposure to low radiation levels. . . . Such a situation requires that mankind proceed with great caution in view of a possible under-estimation. At the same time, the possibility cannot be excluded that our present estimates exaggerate the hazards of chronic exposure to low levels of radiation. Only further intensive research can establish the true position."

Research, then, is the only path to certainty in this as in other health fields. And research will take time.

Meanwhile, we must continue and expand our present programs. Above all, we must keep a sense of perspective on this matter. The facts do not warrant either panic or complacency. As far as the Department is concerned, we intend to keep firmly abreast of all new developments and to work closely with others, to the end that everything possible will be done to ensure the health of Canadians. Such an undertaking, I would suggest, deserves the strong support of this Association and all its members.

Visions et Cauchemars d'un Hygieniste¹

JULES GILBERT,² M.D., D.P.H.

LE Jubilé dont ce congrès annuel est l'occasion m'impose, pour ainsi dire, le sujet de mon allocution. Il convenait que le cinquantième anniversaire de notre Association et de son Journal fût marqué, d'un retour sur le passé, d'une prise de position dans le présent, et d'une projection vers l'avenir. Des voix particulièrement autorisées nous rappelleront, l'une nos traditions, l'autre nos résolutions; permettez-moi, à titre de responsable des destinées de l'association pendant l'année qui vient de s'écouler, de faire en quelque sorte son examen de conscience, afin de préciser si elle joue son rôle entièrement et parfaitement, ou si elle pourrait être, d'une part, un meilleur agent de liaison de nos diverses disciplines, et d'autre part, un meilleur instrument d'adaptation de nos services d'hygiène à l'état actuel de la santé publique.

Mes remarques seront faites sous mon unique responsabilité, sans engager ni le Ministère de la Santé pour lequel je travaille, ni l'Université où j'enseigne, pas même l'Association ou ses officiers. Bien entendu, elles ne viseront aucun individu personnellement, et ne chercheront qu'à rehausser encore le prestige de notre Association, faisant entrevoir l'expansion qu'elle est appelée à prendre et faisant réfléchir ses membres sur le rôle qu'ils peuvent et doivent y jouer.

En vue d'une adaptation plus exacte de nos services aux problèmes sanitaires actuels, il faut de toute nécessité tenir compte de l'état de la santé publique. Or, le premier coup d'œil nous révèle, que le Canada est véritablement sur ce point, un pays sous-développé! Il l'est dans le domaine économique, puisqu'il doit importer tant de capitaux étrangers pour exploiter ses ressources naturelles, dont seulement une infime partie a été touchée. Mais il faut convenir que sa santé également est sous-développée. Cette épithète que les professeurs appliquent trop facilement, à des pays dont l'évolution leur paraît inachevée, le Canada peut se l'appliquer dans le secteur sanitaire, étant donné que la santé publique y est encore susceptible de nombreux perfectionnements.

Tant que nos taux principaux de mortalité seront plus défavorables que ceux des Etats-Unis, des principaux membres du Commonwealth et des pays scandinaves, nous n'avons pas raison de nous enorgueillir. Il faut être facile à contenter, pour se glorifier d'être moins mauvais que d'autres!

Quant à nos taux de morbidité, franchement nous les connaissons si mal,

¹Allocution présidentielle prononcée le 1^{er} juin 1959, lors de la trente-septième réunion annuelle de l'Association canadienne d'hygiène publique tenue à Montréal, à l'hôtel Sheraton-Mont Royal, conjointement avec la Société d'Hygiène et de Médecine préventive de la province de Québec.

²Directeur de l'Enseignement de l'Hygiène au Ministère de la Santé, province de Québec; secrétaire et professeur titulaire à l'Ecole d'Hygiène de l'Université de Montréal.

qu'il n'est pas possible d'en tirer des conclusions valables. Nous avons bien, en 1950, fait une enquête sur la maladie au Canada; mais ceux qui y ont participé ne sont pas tellement portés à s'en vanter. D'ailleurs, la conception moderne d'une entreprise de ce genre n'est plus d'en faire un effort sporadique mais une étude continue. Celle qui a débuté en 1956 et qui se poursuit toujours chez nos voisins, mérite que nous nous en inspirions.

Même sans plus de précisions que nous n'en possédons actuellement, j'ai personnellement la conviction que nous avons encore beaucoup à faire dans le domaine de l'éducation sanitaire; que nous devons reviser constamment nos programmes de formation professionnelle, intensifier la recherche, compléter les cadres de nos services d'hygiène; enfin, dans certains cas, amender notre législation.

Certes, après vingt ans consacrés à l'éducation sanitaire et à titre de président, je serais malavisé de déprécier le thème de ce congrès, "La prévention par l'éducation". Toutefois, sans minimiser le rôle de celle-ci, il faut bien reconnaître qu'elle est un moyen relativement lent d'amener une réforme sociale et d'obtenir des résultats permanents et mesurables.

Encore ne faut-il enseigner que ce qui est de science certaine, sans l'assurance que nos doctrines d'aujourd'hui résisteront devant des connaissances nouvelles, et nous doutant parfois que des données empiriques, sorties de l'observation populaire et qualifiées de marottes, deviendront peut-être demain des préceptes d'hygiène.

Ainsi, la médecine pendant longtemps a mal interprété la relation, déjà connue dans le peuple, entre la consommation de lard et les accidents apoplectiques; elle a même interdit toute viande en cas d'hypertension et maintenant reconnaît le rôle du cholestérol provenant des graisses animales dans la genèse de l'artério-sclérose, elle-même à l'origine d'hypertension compensatrice avec ses accidents cérébraux.

S'il est un jour prouvé qu'un surplus de certains éléments nutritifs (vitamines ou minéraux) peut donner une santé débordante, il nous faudra reviser nos règles alimentaires, surtout, je suppose, quant aux facteurs du complexe B. Parmi ces co-enzymes, la vitamine E pourrait bien prendre la vedette. Des congrès internationaux, consacrés exclusivement à l'étude de l'alpha-tocophérol, en vantent les mérites, y voient chez les animaux un facteur nécessaire à la reproduction, et y attribuent chez les humains un effet curatif et même préventif à l'égard de la thrombose coronaire et des maladies du cœur en général.

Les nutritionnistes qualifient le calcium de grand régulateur de l'organisme. Néanmoins son fixateur, le calciférol, n'est pas prescrit par nos règles alimentaires une fois la croissance terminée. Qui sait si, sous notre climat rarement propice aux bains de soleil, l'addition systématique de vitamine D au régime de l'adulte n'aiderait pas à prévenir des affections tardives qui présentent comme phénomène essentiel la décalcification?

A qualités égales du caractère et de la personnalité, les deux conditions qui assurent la valeur d'un service public sont d'avoir des techniciens: 1. compétents et 2. employés à temps complet. Cette dernière considération

étant strictement d'ordre administratif, limitons-nous aux qualifications que donne la *formation professionnelle*.

Dans le secteur de la médecine préventive, l'erreur la plus funeste (1) semble être de vouloir faire des étudiants en médecine de futurs officiers de santé; ceci date sans doute de l'époque où beaucoup de praticiens servaient à ce titre et à temps partiel. En réalité un vingtième au maximum d'entre eux embrassent la carrière d'hygiéniste et font éventuellement les études post-graduées qui sont nécessaires. Les autres, en matière d'hygiène publique n'ont besoin que des connaissances indispensables à une coopération intelligente avec l'autorité sanitaire.

Par contre, tout praticien devrait être un expert en hygiène personnelle; il n'aura vraisemblablement jamais à enseigner l'hygiène publique; alors qu'à la consultation et au lit du malade, les occasions d'enseignement sont innombrables sur les pratiques de l'hygiène personnelle. Ceci place sur le médecin l'obligation de faire de l'éducation sanitaire, s'il tient à son rôle de gardien de la santé. Rien ne saurait donc être négligé pour l'instruire à fond sur l'hygiène individuelle, principalement l'hygiène alimentaire et l'hygiène mentale.

Quant aux médecins hygiénistes le point faible de leur formation professionnelle paraît être son adaptation aux nouveaux problèmes de la santé publique. Jusqu'à tout récemment, certaines écoles d'hygiène orientaient quelque 75% de leur programme d'enseignement vers la répression des maladies contagieuses, lesquelles au Canada, en 1958, n'ont causé que 1% des décès (2).

Assurément, ces affections n'ont pas disparu de la terre; elles sont encore une menace chez nous et dans la lutte contre la contagion, il nous faut maintenir nos positions; elles sont toujours un grave fléau dans bien des pays étrangers qui nous envoient des étudiants, que nous devons préparer à y faire face. Néanmoins, il faut aussi se rendre à l'évidence que les maladies chroniques et les accidents sont en tête de nos problèmes de santé publique et je me plais à féliciter ceux qui, conscients de cette évolution, font un effort considérable d'adaptation à la situation présente.

D'ailleurs, ces problèmes actuels se présentent comme de nouvelles épidémies. La maladie mentale, par exemple, est contagieuse à sa manière. Dans sa forme suraiguë, "la panique", elle frappe instantanément une assemblée et avec la rapidité de la nouvelle, elle peut gagner une population entière.

Et tout déséquilibre émotif d'une personne influe sur l'entourage de celle-ci. De même que son sourire a un effet bienfaisant, ainsi sa tristesse déprime les autres qu'elle atteint. Nous devrions donc considérer les éléments affectifs des maladies mentales, comme des facteurs de contagion analogues à ceux des maladies épidémiques classiques.

Un aspect de la santé encore ignoré au Canada et qui présenterait de l'intérêt pour praticiens et hygiénistes est celui de la médecine sportive. Si le traitement des accidents du sport regarde les premiers exclusivement, par contre la détermination de l'aptitude aux sports et le contrôle médical des activités physiques, sont la responsabilité avant tout du médecin scolaire.

Espérons que l'Association médicale canadienne et l'Association canadienne

d'hygiène publique sauront se rejoindre et s'unir aux facultés de médecine où l'on s'intéresse à la physiologie de l'exercice, en vue de donner l'essor souhaitable à une discipline qui peut faire beaucoup pour le perfectionnement de la santé publique.

La formation professionnelle, une fois instituée, peut agir plus vite que l'éducation de la population. Je signalerai un motif spécial de hâter son adaptation aux problèmes de l'heure et qui consiste dans le fait que divers écrivains populaires spécialisés sont à l'affût de la moindre nouveauté résultant de la recherche et, dans des articles de vulgarisation médicale, en informent le public par les magazines avant que les données correspondantes ne passent dans l'enseignement officiel. Si vous en voulez un exemple, entre bien d'autres, je vous citerai le suivant: vous avez pu lire trois articles sur la psychologie de l'obésité dans *American Journal of Public Health*, numéro d'octobre 1958 (6-7-8-). Quelques jours plus tard paraissait le numéro de novembre de "Selecciones", l'édition espagnole du "Reader's Digest", où l'on pouvait lire un article sur le même thème essentiellement (9). C'est dire que nos retards ne sont plus permis, si nous voulons gagner la course entre l'éducation populaire et l'éducation professionnelle.

L'éducation populaire et la formation professionnelle appellent à leur secours la recherche. On n'enseigne vraiment bien que ce que l'on sait d'expérience personnelle, à la suite d'enquête ou d'expérimentation. Il faut éprouver les principes par des applications directes à nos conditions, et ne pas accepter aveuglément les résultats acquis à l'étranger. C'est dans ce creuset que, par les diverses formes de la recherche, on doit purifier les connaissances et vérifier les hypothèses, pour en extraire les données, anciennes ou nouvelles, mais exactes et pratiques, que l'on peut ensuite communiquer avec certitude par l'enseignement.

Mais la recherche ne peut agir à moins d'être convenablement subventionnée, ce qui est rarement le cas. Il y a toutefois de notables exceptions et j'en voudrais citer une: le numéro d'avril 1959 de *Florida Health Notes* (3) décrit sommairement une cinquantaine de projets de recherches appliquées à la santé publique, qui sont en voie de réalisation dans cet Etat sous les auspices du *Florida State Board of Health*.

Chose certaine, le matériel ici ne manque pas sur lequel pourrait porter la recherche. Parmi nos statistiques démographiques, les bulletins de décès se prêtent particulièrement à des études qui contribueraient à orienter nos services de prévention. Quant à la morbidité, parce que nous avons pris l'habitude de faire enquête seulement sur certaines maladies contagieuses, nous ignorons une mine de renseignements, d'une richesse inestimable, qui se trouve enfouie dans les archives hospitalières; mine inexploitée jusqu'à ce jour sous le prétexte du secret professionnel ou simplement pour ne pas déranger l'ordre établi.

Nos recherches dans le passé se sont orientées trop exclusivement du côté des produits biologiques dont la vente en retour est mise à profit pour défrayer le coût de nouvelles études. La formule était appropriée à l'époque où les subventions de l'Etat étaient entièrement canalisées vers les services publics;

aujourd'hui elle mériterait d'être révisée. Quand une institution tire des revenus de la vente d'un produit, ses recherches sont orientées et interprétées, (inconsciemment bien entendu) de façon à trouver et à prouver ce qui peut justifier la poursuite de ses opérations. Ceci doit être vrai des fabricants de cigarettes (4), de médicaments, de vaccins, ou de quoi que ce soit.

L'intérêt n'étant pas un bon conseiller scientifique les recherches financées par des entreprises commerciales peuvent-elles être parfaitement objectives, même lorsqu'elles sont effectuées dans des institutions non lucratives? Libre à chacun de répondre!

A ceux qui ne méprisent pas la recherche pure d'un ordre hautement spéculatif, pour ne pas dire fantaisiste, je propose de chercher s'il y a relation entre la consommation du lait et l'incidence du cancer. L'influence du "milk factor" sur le développement du cancer de la mamelle chez les souris (5) la rend plausible; par contre l'existence du cancer chez les espèces animales non mammifères et chez les végétaux, la fait paraître absurde. Pourtant puisque, consommé selon l'intention de la nature, le lait est l'aliment le plus favorable à une rapide croissance, se pourrait-il que, en prolongeant l'alimentation lactée toute la vie, donc en violant une loi de la nature, nous soyons punis parce qu'un constituant de cet aliment contribuerait partiellement, à produire la mutation qui déclenche l'anarchie cellulaire? Simple hypothèse évidemment!

Si l'éducation et la recherche sont des procédés relativement lents, pour amener une évolution sociale; celle-ci heureusement peut être accélérée par des réformes institutionnelles.

Une telle réforme pleine de promesses et à action immédiate est celle qui consiste à donner aux *services de santé* des cadres appropriés. Après ce que nous venons de voir, ne soyons pas surpris que des départements suffisamment importants se soient donné des divisions de la recherche et de la formation professionnelle. Mais il est d'autres objectifs qui paraissent hors d'atteinte, simplement parce que nous n'avons pas ce qui les placerait à notre portée, soit un organisme de coordination, de direction et de formation.

Ainsi, et nous référant pour le moment à la province de Québec, l'administration centrale voit depuis longtemps, à côté de la division des Hôpitaux psychiatriques, le rôle tout tracé d'un service de véritable hygiène mentale qui, en plus d'appliquer la psychiatrie préventive à la réorientation des enfants problèmes, s'efforcerait d'enseigner les principes de psychologie nécessaires à l'éducation de tous les enfants normaux.

L'alcoolisme est un autre problème qui préoccupe à bon droit les mêmes autorités d'autant plus que ce fléau étend ses ravages dans la société bien au-delà des statistiques de mortalité et de morbidité. En principe, la lutte à entreprendre est une simple question de traitement, de réhabilitation, d'éducation et de recherche; en pratique et jusqu'à présent, on n'a pu trouver mieux qu'une formule complexe faite de solutions partielles, et consistant dans des interventions disparates et mal agencées, d'origine religieuse, médicale, sociale, patronale, et policière. Ici, le besoin d'un organisme coordonnateur crève les yeux et il convient de féliciter l'autorité sanitaire provinciale d'avoir fait un pas de plus dans la bonne direction par une mesure toute récente qui pourra nous rapprocher d'un contrôle plus efficace de cette "maladie".

Il est toutefois un problème beaucoup plus vaste et tout aussi complexe que l'on trouve parmi nos plus importantes causes de mortalité et d'invalidité, je veux parler des accidents, la première cause de mort entre les âges de un et vingt-cinq ans et ce qu'on a appelé à juste titre "The number one lifesaving challenge in America to-day"! Chaque service de santé, chaque hygiéniste fait face à ce problème qui ne fournit aucun prétexte permettant de se récuser. J'ai l'impression que c'est le secteur le plus négligé de tout le programme d'hygiène publique; j'en ai la conviction absolue pour ce qui est des accidents survenant à domicile et sur la ferme, souvent les plus nombreux.

Nous portons tous à cet égard une part de responsabilité, peu importe que nous nous occupions spécialement de démographie, d'épidémiologie, d'hygiène de l'enfance, d'inspection ou d'éducation sanitaire. Or, quand il faut organiser une action collective et multidisciplinaire, le facteur qui peut la déclencher est la coordination, et pour qu'il y ait coordination, la condition première et indispensable est de désigner un coordonnateur qui soit chargé d'obtenir la coopération de tous les responsables et intéressés, leur donnant l'orientation et la direction dont ils ont besoin.

Alors seulement peut-on voir opérer, en un programme bien intégré et vraiment communautaire, le travail des comités de sécurité, les activités des organismes gouvernementaux, et de ceux qui sont dus à l'initiative privée, les enquêtes et relevés effectués dans beaucoup de milieux, l'éducation s'adressant à tous et par tous les moyens, enfin une réglementation qui ne laisse échapper aucune cause d'accident que l'on puisse ainsi éliminer (10).

Ce tour d'horizon serait incomplet si je n'exprimais d'opinion sur un problème qui domine tous les autres, à savoir la distribution des soins médicaux, objectif essentiel de toute médecine administrative. Si je ne le fais pas, c'est pour les raisons suivantes: 1. la Canadian Public Health Association a pris nettement position sur la question; 2. le programme de notre Medical Care Section est pour ainsi dire saturé d'assurance-hospitalisation et de communications sur l'utilisation des soins médicaux; 3. j'ai déjà eu l'occasion d'élever la voix sur ce point à une tribune de portée mondiale (11) et il ne conviendrait pas que je me répète ici.

Je me contenterai d'opiner, que les soins médicaux de la plus haute qualité ne valent qu'en autant que les malades peuvent en bénéficier précocement et pleinement et que, dans les circonstances présentes, le moyen le plus efficace d'améliorer la santé publique serait sans doute de mettre à la disposition de toute la population les bienfaits qu'offre la médecine moderne.

Enfin, il est un moyen d'arracher par la contrainte, ce qu'on n'a pu obtenir par la persuasion. La *législation* a beau répugner à un éducateur sanitaire, il faut bien en reconnaître l'utilité, voire la nécessité, dans certaines conditions, et je m'en voudrais de ne pas faire à nos législateurs un appel en faveur de mesures d'une valeur inestimable pour la protection de la santé publique. Je crois ici parler au nom de tous les hygiénistes qui souhaitent voir: 1. du lait pasteurisé servi exclusivement et obligatoirement dans toutes les pensions et salles à manger publiques; et 2. du fluor dans les aqueducs municipaux, quand l'eau n'en contient pas naturellement.

A l'échelon fédéral, je n'irai pas jusqu'à exiger que l'on enrichisse la farine

de blé avec du calcium, ainsi qu'on l'a fait très judicieusement en El Salvador, où l'industrie laitière est pour ainsi dire embryonnaire; mais on peut admettre que la suggestion aurait du bon et fournirait à un coût insignifiant un élément nutritif capital dont sont privés tous ceux qui, pour une raison ou une autre, ne boivent pas leur ration de lait, et ils sont légion.

Toutefois, je ne puis m'empêcher d'exprimer l'espoir, que soit amendée tôt ou tard notre loi des médicaments brevetés afin que le Canada, à l'instar des Etats-Unis, abolisse le caractère secret de ce genre de spécialités pharmaceutiques. Il ne s'agit pas de priver qui que ce soit de l'exploitation d'un médicament de son invention, mais il est tout de même étrange qu'on laisse notre population se soigner à l'aveuglette, alors que la loi des Aliments et des Drogues exige que l'étiquette porte la liste des ingrédients sur le moindre pot de cornichons.

Arrivé au terme des réflexions quelque peu décousues que je vous ai offertes à titre de généraliste de la santé publique, je m'aperçois qu'en traversant des domaines si divers, j'ai dû frôler autant d'erreurs que de vérités. Permettez-moi de me consoler en répétant, après John Milton, "Error is but an opinion in the making" et de me justifier en croyant qu'il était peut-être bon que quelqu'un lançât quelques pierres dans l'étang de complaisance où se mirent volontiers tous les "jubilaires".

En dépit des œuvres si méritoires qui se sont inscrites au crédit de notre Association pendant son premier demi-siècle d'existence, il lui reste beaucoup à faire. Il serait vain de nous extasier devant les progrès remarquables de nos services d'hygiène tant que nous n'aurons pu amener notre peuple au niveau de santé le plus élevé possible.

Vous le savez que trop, en compromettant la santé, la maladie et l'infirmité enlèvent tous les charmes de l'existence; sans la santé, à laquelle l'ignorance et la pauvreté sont étroitement subordonnées, les libertés de religion, d'expression et d'association sont de vains mots, le droit de propriété ne trouve guère à s'exercer, le don même de la vie est un fardeau.

Poursuivons donc avec ténacité la noble tâche que nous nous sommes donnée et ne cessons jamais de prêcher l'évangile de l'hygiène, afin de propager autour de nous la santé, cet état complet de bien-être, condition indispensable au bonheur de tout individu et fondation irremplaçable au progrès de toute société.

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SUMMARY

Canada has few reliable data on morbidity. If we compare our mortality statistics with the best in the world it is evident that certain public health measures could be greatly improved. In this respect, Canada is still an under-developed country. There is much to do in the fields of public health education, professional training, research, provision of preventive services and, in some instances, legislation.

In health education only facts of which we are certain should be taught. We must recognize that health education is a slow but sure means of bringing in social reform and of obtaining permanent results. In professional training, the error has often been made of training medical students as if they were to serve as medical health officers, neglecting or omitting to teach them physiological hygiene which they should know fully in order to educate their patients in personal hygiene. In the training of technical experts in public health, certain schools of hygiene continue to stress the control of communicable diseases which now cause only 1% of the deaths in Canada. Schools of hygiene should adjust their programs of study towards the newer problems such as cancer, the control of chronic illness, the problems of mental health, and accidents.

Research studies should be extended to include many aspects of public health. In the past, research has often been limited to immunology and biological products. Death certificates and hospital records, in particular, should be studied in order to give the proper direction to our preventive services. Co-ordination of the many efforts to prevent accidents and to control alcoholism should be arranged. Our preventive services should be extended to provide true mental hygiene for all children; at present the mental health program relates generally to problem children only.

In Dr. Gilbert's opinion, the best way to improve public health is to bring to the sick the full benefits of modern medicine. Medical care of the highest order is of value only if the people can make early and complete use of it.

In regard to legislation, it is suggested as a further step that legislation be enacted requiring that only pasteurized milk be supplied in boarding establishments and all public eating places. Fluoridation of public water supplies is endorsed.

Dr. Edward Playter—A Vision Fulfilled¹

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IN 1874 a young practising physician in Toronto commenced the publication of a monthly medical journal devoted to health. He had realized that the practice of medicine was more than the treating of persons when they were sick; it was much more—the prevention of sickness and the promotion of health. He was keen to share his new conception of medical practice with his fellow physicians. He was equally anxious to tell the public what they might expect of the medical profession in their role as health advisers. So, at his own expense and alone, he commenced the publication of his journal, which bore the title "The Sanitary Journal" and the supplementary words "devoted to public health and individual hygiene". Its purpose was "to diffuse the knowledge of and awaken public interest in the laws of health, to discuss all questions pertaining to health, to advocate sanitary legislation, in short, to make prevention rather than cure the first object of both the physician and the public". The term "sanitary" had a broader meaning than it has today and it was an appropriate title for the journal since "sanitary" denoted health and the supplementary words "public health and individual hygiene" emphasized the purpose of the journal. It was his hope that the subscription fee, though small, would carry the publishing cost, but through the eighteen years of his efforts to introduce preventive medicine to the profession and to the public, the publishing costs had to be paid largely from his income as a general practitioner which was small since he could give only part of his time to it.

In 1881, in anticipation of the organizing of a Canadian Sanitary Association composed of physicians and interested members of the public, he changed the name of the journal to Canada Health Journal and, reflecting his appreciation of the part which vital statistics must play in public health, added the words "Reporter of Vital Statistics". Failure of the new association to develop after two years of effort then caused him to return in 1883 to the name "The Sanitary Journal". In 1885 he attempted to popularize the journal, adopting the name "Man, A Canadian Home Journal". But interesting as the journal was, support was not forthcoming and at the close of the year (1886) the journal again became a medical publication and again the name "Canada Health Journal" was used and with this name the journal was continued until the final issue of vol. 14 published in September 1892.

Can we picture the status of public health in Canada in 1874? At that time the words "public health" were new and unfamiliar. No mention of public

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health was made in the British North America Act of 1867 which had brought together Nova Scotia, New Brunswick and the united provinces of Upper and Lower Canada to form the Dominion. The provinces, in the Act, reserved the responsibility for hospitals, asylums and charitable institutions and, subsequently, health matters were considered a provincial responsibility. The only health work assigned in the Act to the Dominion government was quarantine and the care of sick and disabled seamen as well as the census and statistics. Later, in 1875 an Act to prevent adulteration of food, drink and drugs was passed by the Dominion government, but this was more an economic measure than a health provision. At that time in England Dr. John Simon was preparing for presentation to Parliament what is now known as the great English Public Health Act of 1875 involving the acceptance of responsibility by the central government for the health of the people. At that time there were a few local boards of health in Ontario and Quebec, remnants of earlier provisions when cholera had threatened. There were few, if any, medical officers of health in Canada, although in England Dr. Simon had through the local government board act of 1871 made provision for the appointment of medical health officers throughout England. There were no provincial boards of health in Canada and no Dominion department of health. There were no health journals or health bulletins. It was not until ten years later that the great discoveries of Pasteur, Koch and other pioneers in bacteriology were announced. The work of Dr. John Snow and Dr. William Budd had, however, given the basis for the safeguarding of water supplies and a great impetus to sanitation. Such was the status of public health when Dr. Edward Playter commenced his effort to win public recognition for preventive medicine and public health. It is appropriate for us, today, marking the fiftieth year of the Canadian Public Health Association, to consider the efforts which he made, to learn of the plans which he followed. We should think of the vision which was his and which he ever kept in spite of failure, apathy on the part of those he strove to help, continuing financial difficulties and lack of action on the part of the governments—local, provincial and Dominion. Let us see what he considered necessary to accomplish his objectives, for these objectives are ours today.

An informed and interested medical profession

The Sanitary Journal was primarily published by Dr. Playter for the medical profession. As a practitioner he was active in the newly-formed Canada Medical Association. As would be expected, he took an active part in establishing a public health committee in this Association. His interest in the profession is shown by frequent references and portions of addresses given to medical groups. He addressed the York Medical Society in 1875 and in it stressed preventive medicine concluding with the words "the science of medicine seems to have been built on the wrong side—disease rather than health". Using the findings of a questionnaire addressed to physicians in Ontario, he sought support for the more adequate reporting of deaths in Ontario. As a result a new Act was passed in 1875 which innovated a great improvement in reporting. In 1877 he gave an address to the Canada Medical

Society in Montreal entitled "Economical Aspects of Public Sanitation and the Probable Advantages of Provincial Boards of Health". in this he showed his ability as an economist and a statistician. Using Ontario data he calculated the cost to the Dominion of the unnecessarily high death rate including the loss of earning, as compared with England. Applying the findings he urged the establishing of a provincial board of health in Ontario.

In 1872 the American Public Health Association was established and Dr. Playter was an early member. Here was a general practitioner in Ontario going at his own expense to public health meetings which were held in distant cities in the United States. He continued his interest in the Association and, largely through his efforts, the 1886 meeting was held in Toronto. At this meeting he spoke on sewage disposal in Toronto, outlining increasing dangers of continued discharge of sewage into Lake Ontario and describing two methods of possible sewage treatment. As a result of his interest in water pollution he was appointed one of the five members of a committee of the American Public Health Association to study pollution of public water supplies on the continent. This committee filed a comprehensive report in 1889 at the Milwaukee meeting. Water pollution continued to be a subject of great concern to Dr. Playter as evidenced by his words: "The gravest question from the sanitary point of view is that of water pollution and public water supplies. There is hardly a stream in any of the more populous parts the water of which can be regarded as a safe potable water."

Demonstrating his desire to practise what he urged his colleagues to do, Dr. Playter was one of the first medical health officers in Ontario, serving in 1876 in the village of Parkdale, a suburb of Toronto and continuing for some years. Here he applied sanitary principles in the control of intestinal diseases and tried to reduce the swampy areas of the district through drainage, considering these areas as a source of ague. At this time he wrote a text book "Elementary Hygiene" and ten years later published a second book "Elementary Anatomy, Physiology and Hygiene". Both of these books were used by the Department of Education in Ontario.

An awakened and informed public

Here again the Sanitary Journal had an important place. The journal was quoted frequently in the press. In writing of the journal in 1879, Dr. William Osler, then professor of physiology, McGill University, said, "if it could be got into all the households there would be a great reduction in the death rate in the country". The publication 85 years ago by a practising physician of a monthly medical journal devoted to public health was, indeed, remarkable. Dr. Playter was unassisted and much of the cost of printing was paid by him personally. Each issue of the journal contained from 24 to 48 pages and presented abstracts of articles from medical journals and the press of Great Britain, the United States and Canada, with papers, editorials and comments contributed by the editor. In considering his achievement one appreciates not only his ability but the great importance which he attached to the journal as a means of educating the medical profession and the public.

Present Journal commenced in 1910, 18 years after Dr. Playter discontinued his journal.

In his approach to public health, he considered vital statistics as the very foundation of all planning of health programs and their presentation to physicians, governments and the public. He appreciated the value of statistics in determining the worth of health efforts. He was a great admirer of William Farr whose statistical reports of England are frequently referred to in the journal. On obtaining action in 1883 to the extent that the Department of Agriculture undertook the collection and issuing of reports on death statistics in eleven cities in Canada, Dr. Playter devoted a section each month in the journal to a review of these data and lessons that could be learned. He continued to urge that the collection be extended to include many more cities and towns and later was successful in this effort. In fact, he felt that collection for the whole of the Dominion was needed and could replace provincial efforts. He saw the need and urged the appointment in 1887 of a Dominion statistician.

The value of pamphlets and other measures in health education was appreciated by him. He suggested that in connection with the proposed Dominion Bureau of Health the preparation and publication of pamphlets should be undertaken as well as a monthly health bulletin to be sent widely in Canada—to the press, the physicians and local boards of health. He also suggested a well planned exhibition for the public of health equipment with interesting presentations of health teaching. Presenting the newer knowledge of tuberculosis, he published at his own expense a large pamphlet "Consumption and Its Prevention in Man and Animals", and another pamphlet on the necessity in municipal planning for open spaces and parks. His zeal is shown by the use of his personal funds to make possible the dissemination of the new knowledge of health measures.

The Value of Health Associations

Dr. Playter knew that voluntary associations for the promotion of public health organized by the public could be of the greatest value in bringing about government action and in improving local health conditions. In 1877 he tried to organize a Toronto Sanitary Association but failed. He was however, successful seven years later, when an effective organization was established. He realized too, the need for a Canada-wide public health association composed of members of the medical and other professions and the public. Such an association, The Canadian Sanitary Association, was formed and met in Kingston, Ontario in 1883. To his great dismay, there was not a quorum present at the second meeting held the following year in Montreal.

It is of interest that the present Ontario Public Health Association had its origin in the Ontario Health Officers' Association which was established by Dr. Peter Bryce, Secretary of the Provincial Board of Health and which held its first meeting in Woodstock, Ontario in 1888. In the formation of the original society Dr. Playter had an active part and mention is made by him of his disappointment on the lack of acceptance of the invitation by the public to attend the special session.

The failure to establish the Canadian Sanitary Association was a very great

disappointment to him but he continued his efforts undaunted and finally in May 1892 a Dominion Sanitary Institute was organized as a national public health association. The constitution of the new institute provided for a president and eight vice-presidents, one for each of the seven provinces and one for the north-west territory; a treasurer and a general secretary; a local secretary was to be named for each of the seven provinces and the territory and twenty councillors representing the provinces were to be appointed. Provision for branch institutes was made which were to be established as needed and one-half of the annual subscription fee of \$1.00 was to be paid by the branch institute for each member into the general fund of the central institute. Dr. W. F. Roome, M.P. of London, Ontario, an active colleague in public health, was elected president, Mr. F. K. Featherston, Ottawa, treasurer, and Dr. Edward Playter, general secretary. The Dominion Sanitary Institute failed to develop and with its failure Dr. Playter returned to Toronto to re-establish his practice and to leave to others the achieving of what had been his life's ambition, a national public health association and an adequate program of public health services, in which the medical profession was intimately involved.

Local Health Boards Essential

A public health act in Ontario had been passed in 1875 conferring authority on municipalities to establish boards of health. There was no requirement, however, for medical representation and no mention of medical health officers. By 1878 there were approximately 1,000 local boards but there were less than 20 physicians included as members. There were only a few medical officers of health and there is no record of a city in Ontario having a health officer. Reference has been made to Dr. Playter's service as medical health officer in the village of Parkdale, a suburb of Toronto. Almost from the commencement of the journal he had urged having municipal boards formed, one in every city, town, township and village. He stressed the great importance of these and in pressing for a provincial board of health he emphasized that it was in order that it might serve as a center for municipal boards. Expressing this he stated: "It would be the chief function (of the Provincial Board) to organize and keep in working order local bodies which can best do practical sanitary work." He stressed also the necessity for the appointment of medical health officers, urging adequate salaries. The subject of salaries was frequently raised in the journal in the following years.

Provincial Boards of Health

Almost from the commencement of the journal Dr. Playter urged the establishing of provincial boards of health. Following his address to the Canada Medical Association in 1878 in Montreal he published several articles and editorials. One for instance is as follows—

"Wanted, a Provincial Board of Health." "We challenge anyone to show that legislation, not even that for new Parliament Buildings, is so much needed in this province (Ontario) as that having as its object the reduction

of sickness and mortality. It has long been shown in the Journal by calculations based on reliable estimates that large savings of money—hundreds of thousands of dollars might be saved to this province annually by reducing the sickness rate by even six percent, and doubtless this might soon be done. The first step in improving the public health and in reducing sickness and mortality in the province is the establishing by the government of a centralized organized body such as a Board having as its function the supervision of the public health. Such a Board should by various means educate the public in all matters, and make intelligent use of vital statistics and learn what special laws should be enacted from time to time for the preservation of public health."

In 1880 a deputation of physicians organized by Dr. Playter waited on the Attorney General of Ontario urging the necessity of establishing a provincial board of health or a sub-department. They presented a draft of a bill outlining a board of health, the appointment of a secretary and a budget of \$5,000. In 1882 Dr. Peter Bryce was appointed as part-time secretary and the board was established with a budget of \$5,000. In 1886 legislation was enacted in Quebec and in 1887 a Provincial Board of Health was established with Dr. Elzéar Pelletier as secretary.

A Dominion Department of Health

From the commencement of the Journal in 1874 Dr. Playter continued to outline the need for the organization of a department or bureau in the Dominion government responsible for health. He was conscious however, of the division of responsibility under the British North America Act in which only quarantine, maritime hospitals, the census and statistics were assigned to the Dominion government leaving to the provinces health services. As early as 1874 Senator Dr. Brouse presented a resolution to the Hon. Mr. Mackenzie, the Prime Minister, urging the establishing of a Dominion Bureau of Health. No action was taken but the subject continued to receive attention from the Canada Medical Association and from Dr. Playter in his journal. With the formation of a provincial board of health in Ontario in 1882 and the commencement in the same year of the collection of vital statistics of eleven cities by the Dominion Department of Agriculture, Dr. Playter pressed for action by the Dominion parliament to establish a health department. An impressive delegation of physicians and members of Parliament presented to Sir John A. Macdonald a request for the early organization of a Dominion bureau. This was supported by a second deputation of physicians from the Quebec Sanitary Association and a resolution was presented to the Minister of Agriculture. For both delegations Dr. Playter acted as secretary. No action by Parliament followed these representations. Three years later a tragic epidemic of smallpox in the province of Quebec occasioned again the request for a Dominion department of health. Dr. Playter addressed Parliament again presenting carefully prepared statistical evidence of the value of such a department. He argued that if the mortality in Canada was reduced from 26 to 21 per 1,000 per annum there would be a saving of 20,000 lives yearly. He estimated the loss in

dollars of these lives and also estimated the loss entailed in preventable illness, calculating an annual saving amounting to over \$20.00 per capita. He presented a plan for the proposed department including the provision that the Minister of Agriculture should be the Minister of Agriculture and Public Health, that a deputy minister be the administrative health officer for the Dominion and that there be an advisory board of provincial health officers or representatives and five or more persons appointed by the federal government. These might be a barrister, an architect, an engineer, a veterinary surgeon and a physician. He outlined a system of reporting vital statistics monthly and urged the monthly publication of a report or bulletin by the department distributed to all health officers and the press. An estimate of \$20,000 was made of the operating costs. He made reference to the representations to parliament made by the president of the Canadian Medical Association, Dr. R. P. Howard, in 1880 who suggested that a comprehensive plan for a national public service be developed and that the plan be submitted to the federal and provincial legislatures. In this way the problem of authority in health matters might be settled.

In 1889 Dr. Playter again published a study of the economics of a Dominion bureau of health under the title, "What is Needed for Promoting the Public Health". He stressed the necessity for establishing the department, estimating that of the 120,000 deaths annually in the Dominion, one-quarter of the number might eventually be saved to help fill up the vacant west. He outlined again a plan of organization similar to that previously presented but a revised estimate of \$50,000 a year as a budget. At this time he spoke of the establishing of a hygienic laboratory which would be associated with the Chief Dominion Analyst and which would extend its studies to include the investigation of communicable diseases. The collection of vital statistics would be extended to 150 centers. He urged obtaining internationally information relating to sanitary conditions of vessels leaving foreign ports, to make more effective the existing quarantine service. Concluding, he stated "To what better cause could Canada set apart \$50,000 a year of revenue?" In these and in other presentations the Canada Medical Association and the Ontario Medical Association joined in support.

In 1890 Dr. W. F. Roome, M.P. presented a resolution again urging the establishing of a Dominion department of health. In reply the Prime Minister suggested "that a conference be held to which the Federal Government would ask the Provincial Governments to send representatives to frame some kind of a plan for exercising the various powers conferred upon them by the Constitution, in such a manner that they could unite in one system and carry it out as efficiently and inexpensively as possible". The proposed conference was, however, not held. The obstacles to the creating of a department were so great that Dr. Playter and his associates realized that public opinion must be aroused and much greater support obtained if legislation was to be achieved. So it was that in May 1892 the Dominion Sanitary Institute was established, having as one of its purposes the obtaining of this necessary legislation.

COMMENCEMENT OF THE PUBLIC HEALTH JOURNAL AND THE FORMATION OF THE CANADIAN PUBLIC HEALTH ASSOCIATION IN 1910

In 1910 Dr. Duncan Anderson and Dr. L. M. Coulter, two physicians in Toronto, commenced the publication of a health journal as a private venture under the name of the York Publishing Company. Later in the year, at a meeting in Ottawa of the Medical Board of the Conservation Commission of Canada of which Dr. Charles A. Hodgetts was the medical adviser, Dr. George D. Porter, then secretary of the Canadian Tuberculosis Association, invited the members to a dinner in the Russell Hotel, Ottawa for the purpose of organizing a national public health association. Subsequently, Drs. Anderson and Coulter and three members resident in Toronto made application to the Ontario government for incorporation of the Canadian Public Health Association. This was granted in September 1910 and arrangements were made to hold an inaugural meeting in the Parliament Buildings in Ottawa in October. At this meeting an organizing committee was appointed. Throughout the Jubilee year the Canadian Public Health Journal is presenting outlines of the careers of a number of the members of this committee. At the inaugural meeting, Sir James Grant was named honorary president, Dr. T. A. Starkey, president, Col. Lorne Drum, general secretary and Dr. George D. Porter, treasurer. The first annual meeting of the association was held in Montreal in 1911 under the presidency of Dr. Starkey. Reference has already been made in the Journal during this year to this meeting and to the importance of the occasion. With the organization of the Canadian Public Health Association the Journal became the Public Health Journal and was made the official publication of the Association.

THE DEPARTMENT OF HEALTH OF CANADA, 1919

World War I focused the attention of Parliament on the health and physical fitness of the Canadian people. Venereal diseases were seen as a national menace. Dr. Gordon A. Bates, then editor of the Public Health Journal took a leading part in pressing for the establishing of a Dominion department of health and for action by the government in combatting venereal diseases. At the close of the war in 1919 Parliament approved of the establishing of the Department of Health with a Minister of Health thus giving health representation in the cabinet. In the passage of this legislation and the provision of a grant of money for assistance to the provinces in the effort to control venereal diseases, the Hon. Newton A. Rowell gave outstanding leadership in Parliament. The Bill establishing the department defined its responsibilities and its relationship to the provinces. In all matters other than those specifically stated as the responsibility of the new department the primary function of the department was that of co-operation and assistance to the provinces. Dr. Playter's heart would have been gladdened by the provisions for the Department. The composition of the Advisory Board, the Dominion Council of Health, was very similar to that outlined by him in 1889. In addition, a hygienic laboratory, the functions of which he had described in the proposed Department, included also research. In vital statistics, the Dominion respon-

sibilities were placed in the new Bureau of Statistics, a centralized institute serving all departments of government in the field of statistics.

THE VISION FULFILLED

Dr. Playter, discouraged and forced by circumstances (by the failure of the Dominion Sanitary Institute in 1892) returned to Toronto to engage again in practice in which he continued until his death in 1909. He did not have the privilege of seeing his vision fulfilled apart from the organization of the provincial boards in Ontario and Quebec and the development of more local health departments. The Canadian Public Health Association of which he dreamed was not established until the year after his death (1910) and the Dominion Department of Health was not established until 1919.

The Canadian Public Health Association survived the exigencies of World War I, nearly succumbed in the twenties, gained strength and assumed new responsibilities in the thirties, continued its work through World War II and expanded its activities in the post-war period to meet new opportunities for service. Today we are marking the fiftieth year of the Association and its journal. The vision of Dr. Playter of a national public health association with provincial divisions or branches has now been achieved. There are effective local health units in all the provinces. There is a provincial board of health co-ordinating these in every province. There is a national health department related with the departments and linked through the World Health Organization with people of all lands. Public Health in Canada has come into its own. Dr. Playter's vision of health for Canada has been wonderfully fulfilled.

RÉSUMÉ

Le Dr Edward Playter, jeune médecin de l'exercice privé à Toronto, commençait en 1874 à publier un périodique médical intitulé "The Sanitary Journal", portant en sous-titre "vouée à l'hygiène individuelle et la santé publique". Son but était de "faire de la prévention plutôt que de la guérison le but primordial du médecin et du grand public". Pour atteindre ces fins, il voyait la nécessité d'avoir une profession médicale éclairée et intéressée, un public bien renseigné et conscient de ses besoins, ainsi que d'associations d'hygiène indépendantes qui stimuleraient l'action des gouvernements. Il soulignait le besoin de conseils d'hygiène aux échelons fédéral et provinciaux. Il décrivait au Parlement à Ottawa un plan d'ensemble destiné à un ministère fédéral de la Santé, plan qui ressemble de près à l'organisation actuelle.

Le Dr Playter tenta en vain de fonder une association nationale d'hygiène publique, d'abord en 1883, puis en 1892. A la suite de ces échecs, il retourna à l'exercice privé et cessa de publier le Canada Health Journal.

Ce n'est qu'en 1910 que l'Association canadienne d'hygiène publique fut enfin fondée. Le Public Health Journal, à ce moment propriété privée, est devenu l'organe de l'Association et en est actuellement à son cinquantième volume. C'est en 1929 que le nom fut changé à Canadian Public Health Journal, lorsque l'Association a acheté la revue. Le rêve du Dr Playter d'une Association nationale avec succursales provinciales s'est maintenant réalisé.

The Association—Today and Tomorrow¹

K. C. CHARRON,² M.D.

WE have been privileged this afternoon to have heard a résumé of the beginnings and history of public health in Canada given by our esteemed member and friend, Dr. R. D. Defries. To many of us, much of the interesting detail of this history is new and gives us a justifiable pride in belonging to an organization with such deep and solid foundations. Dr. Defries, with his great enthusiasm and constructive thinking, has done much to build up this imposing edifice, and to give the Association a place in our democratic way of life of which we can all be proud.

My assignment is to describe the Association—Today and Tomorrow.

THE ASSOCIATION TODAY

The task for this part of the presentation was made easy by the excellent series of editorials published in the *Canadian Journal of Public Health* during 1957, entitled "Know your Association".

The Canadian Public Health Association of today is a mature, well-balanced professional association, representing the many professions concerned with public health in Canada. Its activities have kept pace with the changing pattern of public health and cover a broad and varied field. The Association of Today might be described under the following headings:

1. Organization
2. Membership
3. The Work of the Association
4. The Journal

1. ORGANIZATION

The Canadian Public Health Association is a national organization with eight provincial branches (or divisions), or affiliated associations. All of the provincial groups have similar objects to those of the Canadian Public Health Association which in the proposed amendment to the Charter, are as follows:

"The objects of the Association shall be the development and diffusion throughout Canada of the knowledge of public health and preventive medicine and all other matters and things appertaining thereto or connected therewith."

¹Presented at the Jubilee Meeting of the Canadian Public Health Association, Mt. Royal Hotel, Montreal, Que., June 1-3, 1959.

²Director of Health Services, Department of National Health and Welfare, Ottawa, Ontario.

I am sure you will agree that this statement of purpose provides the Association with a very broad mandate.

The fact that there are eight provincial or regional chapters does not mean that there is a gap in country-wide coverage. There are separate chapters for seven of our provinces, and New Brunswick and Prince Edward Island are joined together in one regional association. Newfoundland is not at present connected with any particular provincial or regional arrangement, but the public health workers in that province have been active in Association affairs.

The Executive Council is the governing body of the Association. It is composed of (a) The officers of the Association: President, three Vice-Presidents, Honorary Secretary, Honorary Treasurer, and Editor of the Journal, and (b) the Executive Committee which consists of the officers of the Association and, at present, 28 members who are representative of the membership and all parts of Canada, (c) three representatives from each province, named by the provincial or regional association, (d) the chairman of each of the thirteen sections of the national Association, (e) the past presidents of the Canadian Public Health Association.

The Executive Council usually meets on the day prior to the start of each annual meeting and its recommendations are submitted to the members in attendance. A new Executive Council is named at each annual conference during the business session of the Association. Between meetings, the authority of the Executive Council is vested in the Executive Committee. In turn, the Executive Committee names a nucleus group residing in Central Canada to conduct the regular work of the Association.

2. MEMBERSHIP

The by-laws of the Association permit active, associate, and honorary membership. Forty-seven persons who have rendered distinguished service to the objects for which the Association stands have been elected honorary life members. There are no associate members at present and emphasis has been placed on obtaining active members.

The Association at the end of 1958 had 1,767 active members. The comparable figures for previous years were 1957—1,666, 1956—1,433, 1955—1,255, 1954—1,144, so that your Association is showing a steady growth in membership. This is a feature about which I would like to comment later in this presentation.

Public health covers a broad and ever-expanding field and the membership reflects this pattern by including physicians, dentists, veterinarians, nurses, sanitarians, laboratory personnel, health educators, and others. I use the term "others" advisedly as many more professional disciplines might have been mentioned as important contributors to the affairs of the Association.

3. THE WORK OF THE ASSOCIATION

The work of the Association is carried out by the members through study groups, continuing and *ad hoc* committees, and by presentations at the annual meeting. The Journal, because of its importance, will be described under a separate section.

The technique of study groups has been found effective in solving many public health problems. Two current studies might be mentioned as examples. One group is dealing with the Association policy with regard to measures in social security, and a second is reviewing public health positions and personnel in Canada.

Examples of standing committees are those concerned with membership, professional education, certification of sanitary inspectors, and honorary life membership. *Ad hoc* committees were set up to deal with needs, the Charter, current problems in finance, and so forth. All of these methods are used by the Association in handling the varied health problems with which it is faced.

Annual meetings provide an opportunity for a formal and informal exchange of views on public health matters. The program for the present conference is ample proof of the high scientific quality of the meetings and, even at this early stage, one is impressed with the enthusiasm and friendliness which help to make the Canadian Public Health Association a strong, viable organization. Annual conferences also help to bring public health to the attention of the Canadian people. This is important as public health today stresses the philosophy of doing things *with* rather than *to* people.

4. THE JOURNAL

The reputation of a professional association is based to a large extent on the degree to which its journal is accepted in the field of scientific publications. The Canadian Journal of Public Health has done a great deal to ensure a high level of acceptance for the Association, and much of the credit for its development must go to the present Editor—Dr. R. D. Defries.

Last year 78 papers were published. The subjects were well balanced and all of the major fields of interest received attention. The scientific quality of the material is recognized not only in Canada but throughout the world. In addition, the Journal published Association reports and served as a medium for an exchange of news concerning provincial associations and individual members. The editorials were pertinent and of great value.

The cost of publishing the Journal represents a major Association expenditure, but it must be remembered that the Journal contributes a great deal to the success of the organization.

THE ASSOCIATION TOMORROW

There is no doubt that the future holds both opportunity and challenge for the Canadian Public Health Association—opportunity because the Association has an accepted place in the developing pattern of public health in Canada—challenge because vision and energy will be required to maintain and strengthen this position of leadership.

Your Association anticipated the need for appraisal and action by setting up a committee to "study the needs of the Association and find ways and means of meeting these needs". The report of this committee was presented last year in Vancouver and accepted by the membership. It will form the basis for this section of my article, together with certain personal observations.

1. A MORE PROMINENT ROLE FOR PROVINCIAL ASSOCIATIONS

One of the most noticeable developments in recent years is that the provincial associations are becoming stronger. This is most encouraging as, in the health field, a strong national association must be based on firm provincial ties. It will probably have an important impact in the future with provincial associations having a more substantial say in determining the policy of the national body. It must, however, be a two-way street. The Canadian Public Health Association will need provincial support for its national program and will reciprocate by providing valuable service to the provinces. On the other hand, provincial associations will have to emphasize their participation in the program of the parent body in order to make it possible for the national Association to carry out these functions. In my opinion this type of development is most desirable and fits into the pattern for public health in Canada.

2. TRENDS IN PROFESSIONAL RELATIONS AND IN THE DEVELOPMENT OF THE SPECIAL SECTIONS

As I mentioned earlier, the Canadian Public Health Association brings together many professions and each of these, in turn, has its own professional body. The team concept must be fostered and the Committee on Needs recommended that the Association establish a much closer link with other professional organizations. At the same time, the Association must continue to demonstrate the value that individual members receive from belonging to an organization made up of people in fields of mutual interest. Therefore, a trend in the future is likely to be a closer working relationship with other professional health bodies and a more prominent role for the Association within this group.

The Canadian Public Health Association has at present thirteen special sections. Some of these sections are very active while others are relatively dormant. Most of the activity takes place at annual meetings. Some sections report to the Association at regular intervals, others do not. These statements are not made in criticism, but rather to indicate the need for more planning in the future. In addition, as public health in Canada is exploring new horizons, every opportunity should be made to attract new groups to the Association.

One can foresee greater planned activity in the special sections with the setting up of new units as required.

3. ACTIVITIES AND SERVICES WHICH THE ASSOCIATION MIGHT EMPHASIZE IN THE FUTURE

The activities and services provided by the Canadian Public Health Association in the future will be built on past and present achievement. They will take into account the health needs of the people of Canada and the way the organization can foster improved standards of health. While new techniques may be developed—study groups, continuing and *ad hoc* committees, presentations at annual meetings, and the Journal have all demonstrated their value and will continue to play a prominent role. In addition, the Association

frequently speaks for public health leaders on important health matters and one can visualize an increase in this field of activity.

Leadership in Co-ordination. An important need in Canada, as in most other countries, is a better co-ordination of professional and voluntary health effort. In recent years, we have seen a remarkable increase in the number of health agencies. While such increase is evidence both of unmet needs and of an active public concern in meeting these needs, it has resulted in a very complex pattern, so that the necessity for co-operation and co-ordination of effort is becoming clearly evident.

In making this statement I do not mean to imply that the importance of voluntary effort in the field of health is in any way diminishing; in fact, it should play a more prominent role in the future. What I would like to emphasize is that this effort should be made as effective as possible by the development of techniques which will ensure a close working relationship not only between the voluntary health organizations, themselves, but also between these organizations and official health departments. The Canadian Public Health Association, as the senior professional body in the public health field, should provide leadership in achieving this objective. It seems to me that some formal relationship might be developed between this Association and national voluntary health agencies. Such a pattern might also serve as a model for provincial and community arrangements.

Consultative and Public Health Survey Services. Another field for future effort is for the Association to provide consultative and public health survey services. This is a proposal which is strongly endorsed by the Committee on Needs, as there is no agency or private organization providing these services in Canada at present. The Association has access to well-qualified specialists in the various fields who could help in planning new services and solving special problems. These arrangements would supplement the advisory services provided by official health departments and add greatly to the prestige of the Association.

Services to Provincial Associations. Services to provincial associations should be prominent in any planning for the future and might take the form of regular visits by executive staff, particularly at the time of annual meetings; speakers provided for provincial meetings; and sponsorship for distinguished visitors to attend not only the meetings of the national body but also to fit in with provincial programs. These are only a few of the proposals which have been made and which would lead to a strengthening of our national-provincial arrangements.

Publications. The Journal has as its objective the presentation of the advances in public health to those engaged in public health in all its varied fields. It is at present able to publish only a part of the valuable papers offered for publication and ways and means should be found to extend this service. In addition, there will be a need for other publications in the form of pamphlets or brochures to deal with health subjects requiring special treatment.

Professional Arrangements. Last, but not least, are the services that will assist with the development of higher standards for public health personnel. These standards will benefit not only those working in the field, but also help

in the setting up of a higher quality of service. Therefore, the Association should emphasize studies on recruitment of public health personnel; professional education; standards and qualifications; and salaries. A major objective for the future should be the development of a proper career service in public health in Canada.

4. OBJECTIVES IN MEMBERSHIP AND PROPOSED CHANGES IN HEADQUARTERS ORGANIZATION

Membership. An appraisal of membership should take into account total numbers; provincial distribution; comparative representation by profession; and the relationship that these figures have to the over-all potential. Some of this information is not available at present and I would recommend that this type of study take place so that the Association will have a better idea about strengths and weaknesses in our present pattern.

Certain of the provincial associations have been able to build up their membership in an impressive way, but others have not had the same degree of success. The Canadian Public Health Association needs a substantial increase in its membership and the techniques used in the successful provinces might be used to advantage by others. The Committee on Needs was of the opinion that total membership should be increased by at least 1,000, and that the national Association should provide leadership in assisting the provinces to achieve this objective. In addition to this quantitative increase, careful consideration should be given to encouraging membership by all of the professions interested in public health in Canada.

Attention was also drawn to the importance of associate and honorary members, as individuals in these categories could add to the strength of the Association and materially help the team approach to public health. A strong plea was also made for the setting up of an additional class which might be called "sustaining members". This group would include individuals, associations, and corporations interested in public health in Canada and prepared to support the efforts of the Canadian Public Health Association.

Proposed Changes in Headquarters Organization. This milestone in the history of the Association may be the point at which the Association changes from one which is dependent almost entirely on voluntary effort, to an organization with full- and part-time headquarters staff. One must admire the great contributions to the work of the Association which have been made by many of our present members, and those who served in the past. The Association must continue to call for a great deal of voluntary support, but in addition, headquarters requires strengthening by a nucleus group of employed persons. The Committee on Needs held strong views on the subject and I quote from its report:

"The key position in this development would be the appointment of an Executive Secretary or Executive Director. This individual should provide leadership and co-ordination for the Association's activities and in order to fulfil these functions, the person so appointed must have a recognized stature in the field of public health. In addition, because the medical profession must continue to provide leadership, the post should require medical qualifications. . . ."

"The work of the Journal also requires staff extension and the Committee recommends that the Editor be considered as a part-time person and paid an honorarium for his services."

At a later stage in this report, in commenting on the document as a whole, the Committee had this to say:

"Most of the previous recommendations are dependent on the appointment of an Executive Secretary or Executive Director. It is recommended, therefore, that this appointment take precedence over all other recommendations."

I believe you will see from these statements that headquarters changes are considered to be the starting point for expanded programs in the future.

The foregoing represent a few points which have been considered and about which one can speculate. Others might have been mentioned, but these can be used to indicate that the Canadian Public Health Association is facing a bright and challenging future. It will be up to the members, individually and collectively, to ensure that future progress compares favourably with past achievement.

RÉSUMÉ

Cette description de l'Association telle qu'elle est aujourd'hui mentionne aussi la forme actuelle de son organisation et du groupement de ses membres. On donne une brève vue d'ensemble des travaux de l'Association et on souligne l'importance de ses divers comités, de la réunion générale annuelle, ainsi que des réunions des associations provinciales, qui sont des succursales de l'association. La publication du Journal est très utile à tous les membres et aide beaucoup à l'avancement de l'hygiène publique au Canada.

En songeant à l'Association de demain, on voit que l'avenir abonde en occasions favorables et travaux à accomplir. Votre Association a anticipé le besoin d'analyse et d'action par l'organisation d'un comité chargé "d'étudier les besoins de l'Association et de trouver des moyens de répondre à ces besoins". Le rapport de ce comité, présenté l'an dernier à la réunion générale, a été accepté par les membres. Il forme la base du travail de l'Association de demain. Il faudrait que les Associations provinciales jouent un rôle plus marquant; il faudrait que l'Association prenne les devants pour rapprocher et coordonner les efforts professionnels et ceux des bénévoles dans le domaine sanitaire; il serait peut-être avantageux que l'Association mette au point ses projets d'établir des services consultatifs et des services d'enquête en hygiène publique; le Journal peut aider davantage; l'Association peut en outre aider à formuler des normes plus élevées pour le personnel hygiéniste.

Pour que ces entreprises soient possibles, il faudra que tous ceux qui s'occupent d'hygiène publique appuient l'Association en y adhérant. L'Association devra agrandir son bureau-chef pour répondre aux besoins croissants du nouveau programme.

L'avenir de l'Association canadienne d'hygiène publique est donc rempli d'inspiration et de promesse.

Vaccination Against Poliomyelitis With Combined Antigens¹

J. K. W. FERGUSON,² M.D., F.R.S.C.

RECENT development in the campaign against poliomyelitis has been the introduction this year in Canada of a new series of combined antigens, DPT Polio, DT Polio, and Tetanus-Polio Vaccines. Nearly half a million doses of DPT Polio Vaccine were distributed during the first four months of 1959. Experience with the use of all three preparations on a large scale is accumulating rapidly in all parts of Canada. Before these new antigens were released for general use, laboratory tests and clinical trials had been in progress for several years. Some of the data accumulated in these tests will be summarized later, but first it will be useful to review the status of vaccination against poliomyelitis in Canada.

In April 1955, just four years ago, all the provincial departments of public health began to immunize children against poliomyelitis with Salk vaccine. Vaccine was scarce. The only source at that time in Canada was the Connaught Laboratories. All of their production was assigned to the public health vaccination program in which priorities had been established by the Dominion Council of Health. Children in primary schools and pregnant women were the first groups to be vaccinated. At that time, children of school age had the highest incidence of paralytic poliomyelitis. The program had been in operation for only a few weeks when news came from the United States of the alarming occurrence of paralytic poliomyelitis apparently induced by vaccination. Vaccinations for poliomyelitis in the United States were suspended. By that time, however, nearly half a million doses of Connaught vaccine had been used in Canada. There had been no alarming reactions or cases of paralysis attributable to vaccination (1). The Minister of National Health and Welfare, on the advice of his experts, decided to continue the program in Canada. It was continued.

By the end of 1955 nearly two million doses had been administered. The incidence of paralytic poliomyelitis in Canada was lower in 1955 than in any of the previous ten years. It could not be concluded that this happy circumstance was due entirely or even mostly to vaccination. Nevertheless, all concerned were encouraged to continue the program. In 1956, four million doses were distributed by the Connaught Laboratories and in 1957, eight million

¹Text of an address to the Paediatric Society of Vienna, April 20, 1959, and to a combined meeting of the Greek Society of Microbiology and Hygiene, the Greek Society of Paediatrics and the Athens Medical Society, April 23, 1959.

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doses. By this time nearly all children of school age in most provinces had been vaccinated, and many younger adults and many of the children under school age. Attack rates in the province of Ontario were carefully analyzed for the vaccinated and unvaccinated parts of the population for the years 1955 to 1957 (2). The results were very encouraging. They were much better than might have been expected from the results of the field trial in the United States in 1954 as reported by Francis (3), considering that nearly all paralytic infections were of type 1. The apparent reduction in attack rate for the vaccinated groups in the years 1956 and 1957 was over 85%.

In 1958 the incidence of poliomyelitis remained low throughout Canada except for a rather localized outbreak in the province of Manitoba, due almost entirely to type 1 virus. A report on this outbreak for the city of Winnipeg alone was published in March 1959 (4), and another (5) for the whole province of Manitoba. Both studies indicated a degree of apparent protection by vaccination which was higher than any previous experience. In some age groups the attack rate for vaccinated children was less than 5% of that for the unvaccinated. In the Manitoba outbreak it was more obvious than ever before that the paralytic disease occurred mostly in the groups which had the highest proportion of unvaccinated individuals, namely children from 0-4 years of age and adults from 20-39 years of age. Although the incidence of paralytic poliomyelitis has been low in Canada since 1954, in each year there has been at least one localized outbreak which has been studied to estimate the effect of vaccination (6). All of these studies have indicated a high degree of protection by vaccination.

With such experience over a period of four years, it is not surprising to find among public health authorities in Canada a high level of confidence in the efficacy and safety of Salk vaccine as produced in Canada. The opinion is widely held and endorsed by the Dominion Council of Health that all children should be vaccinated against poliomyelitis at as early an age as may be practical. The Council also advised energetic measures for vaccination of adults to the age of 40.

Since immunization against diphtheria, pertussis and tetanus in infancy is accomplished in most parts of Canada by the use of a combined antigen (DPT), it was only natural to try to facilitate early vaccination against poliomyelitis by combining Salk vaccine with the triple antigen to make a DPT Polio Vaccine. Work on this project was started in the Connaught Laboratories in 1955. By the end of 1957 several lots with satisfactory potency and durability of potency had been prepared. In 1958 clinical trials were conducted in the public health clinic of the city of Hamilton, Ontario. These were so satisfactory that larger scale production was started during the autumn of 1958. The product was released in January 1959 by the Food and Drug Directorate of the Government of Canada for general use.

DPT Polio Vaccine (Connaught) consists of poliomyelitis vaccine (formalin inactivated) of high potency to which has been added killed pertussis organisms, and toxoids of tetanus and diphtheria in concentrated form. The final concentrations of added antigens in each ml. are: *H pertussis*, not less

than 15×10^9 bacilli; diphtheria toxoid, 40 Lf's; tetanus toxoid, 8 Lf's. The preparation is designed for primary immunization for infants and young children. We recommend that DPT Polio Vaccine be used in the same way as DPT Vaccine has been used for many years. Starting at three months of age, three doses are given a month apart. A reinforcing dose is given 6-12 months later. Additional reinforcing (or recall) doses are usually given every second year to the age of 5. Most authorities feel that it is unwise and unnecessary under ordinary circumstances to give pertussis vaccine to children over 5 years of age. However, recall doses of diphtheria and tetanus toxoids are usually given to children in primary and in secondary school, but with a reduced dose of diphtheria toxoid.

Since it will probably be desirable to give recall doses of polio vaccine to school children, a combined antigen, DT Polio Vaccine has been developed. It contains 10 Lf's each of diphtheria and tetanus toxoids in 1 ml. of polio vaccine.

Tetanus-Polio Vaccine has been designed for use in adults, particularly in industries. For many years industrial physicians in Canada have tried to persuade employees to accept tetanus toxoid. The response has been negligible. When in 1958 Tetanus-Polio Vaccine (10 Lf's of tetanus) was offered for trial the response was overwhelming. We believe that adult immunization will be greatly increased by the use of this combined antigen.

Objections have been raised by some authors to the use of poliomyelitis vaccine in infants as young as 3 months (7). Others feel that it should be started earlier than 3 months, perhaps as early as 6 weeks. In recent articles in the British Medical Journal, Perkins *et al* (7) have concluded that infants who have high levels of antibodies in their blood as a result of transmission from the mothers' blood, will fail to respond to vaccination by production of their own antibodies. The English authors recommend waiting until the infant is 6-8 months old before giving polio vaccine.

Our experience to date would not support this recommendation. We have confirmed the English observations that high levels of maternal antibody in infants can interfere with the antibody response by the infant, but they do not always do so and our observations would indicate that high maternal antibody levels are the exception rather than the rule in Canadian infants three months of age or over.

The experience of the Connaught Medical Research Laboratories with antibody responses of infants 2-12 months of age, immunized with DPT Polio, is reported in detail in a paper by Wilson *et al*. (8). It may be summarized briefly as follows. After a course of three injections a month apart starting at three months of age, followed by a recall dose a year later, over 90% of the infants developed satisfactory levels of antibodies to polio virus of types 2 and 3, and over 85% to type 1. All of the infants developed satisfactory levels of antibodies against diphtheria and tetanus.

Although the response to polio vaccine was short of perfection, the suggested schedule seems worthy of adoption on a large scale. The antibody levels attained by the great majority of infants who did respond were high. It is a reasonable inference that the practical protection against natural infection

would be correspondingly high. These findings justify in our opinion, the schedule which we have proposed. It has the virtue of simplicity and it provides protection against poliomyelitis for the great majority of children at a very early age. Studies on the antibody responses of infants are continuing. There is good reason to expect that with improved antigens against poliomyelitis the number of infants who will respond will be even greater.

One problem in conducting trials on infants is the large amount of blood required for the measurement of all the antibodies in which we are interested. A micromethod for polio antibodies has already been developed by Dr. Leone Farrell (9) in our laboratories and Dr. P. J. Moloney is developing comparable micromethods for the measurement of antibodies against diphtheria and tetanus. We hope soon to be able to measure all three types of antibodies to polio and antibodies to diphtheria, and tetanus in a sample of blood not exceeding 0.4 ml.

Another question which must be considered in connection with combined antigens is "provocation poliomyelitis." Careful work in England has established that combined vaccines containing killed *H. pertussis* together with aluminium adjuvants, can provoke a latent infection by polio virus into a paralytic infection which often affects the limb into which the injection was made. Pertussis vaccine alone was found not to "provoke" poliomyelitis. Pertussis vaccine with formol toxoid is suspected of provocation, but not proved guilty as yet. The aluminium adjuvant seems to be the most culpable factor.

Provocation poliomyelitis has never been observed in Canada although several attempts have been made to detect it during the years of serious epidemics of poliomyelitis since 1950 (10, 11). The most obvious explanation seems to be that Connaught DPT Vaccine, which is most widely used in Canada, contains no aluminium adjuvant. Since our DPT Polio Vaccine also contains no aluminium adjuvant, we are not anticipating trouble with provocation poliomyelitis.

SUMMARY

A new series of combined antigens containing formalin inactivated poliomyelitis vaccine has been developed by the Connaught Medical Research Laboratories and released this year for general use. The series includes: DPT Polio Vaccine for primary vaccination of infants; DT Polio Vaccine for recall doses in children of primary and secondary school age; Tetanus-Polio Vaccine for adult populations.

Attack rates for poliomyelitis in vaccinated and unvaccinated populations during several localized outbreaks of poliomyelitis which have occurred in different parts of Canada during the last four years have been carefully analyzed. All of the studies indicate a high degree of protection by the Salk-type poliomyelitis vaccine as produced in Canada, even against type 1 infections. Paralytic poliomyelitis has become in Canada mostly a disease of the unvaccinated groups, namely, very young children and adults between the ages of 20 and 40. The new series of combined antigens will facilitate the

extension of vaccination against poliomyelitis to these groups. Data are presented in support of a schedule of immunization in infancy with DPT Polio Vaccine which closely parallels the schedule which has been in use for DPT triple antigen for many years.

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RÉSUMÉ

Une nouvelle série d'antigènes combinés renfermant le vaccin antipoliomyélitique inactivé à la formaline a été mise au point et lancé sur le marché cette année pour usage général par les Laboratoires de recherches médicales Connaught. Cette série comprend le vaccin antipoliomyélitique DPT pour la primovaccination des bébés, le vaccin antipoliomyélitique DT pour les doses de rappel chez les enfants d'âge scolaire primaire et secondaire, ainsi que le vaccin antitétanique-antipoliomyélitique destiné à l'adulte.

Les taux d'infection poliomyélitique chez les personnes vaccinées et celles non vaccinées dans plusieurs écloisons locales de poliomyélite à divers endroits au Canada durant ces quatre dernières années ont été soigneusement analysés du point de vue statistique. Toutes les études indiquent que le vaccin antipoliomyélitique de type Salk tel qu'il est fabriqué au Canada donne une excellente protection, même contre l'infection de type I. Au Canada, la poliomyélite paralytique est devenue surtout une maladie des groupes non vaccinés, notamment les enfants en très bas âge et les adultes entre 20 et 40 ans. Cette nouvelle série d'antigènes combinés permettra de vacciner plus facilement ces groupes contre la poliomyélite. On présente en outre des données à l'appui d'un programme d'immunisation des bébés avec le vaccin antipoliomyélitique DPT qui suit de près le programme appliqué depuis plusieurs années pour l'usage du triple antigène DPT.

Canadian Journal of Public Health

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THE Canadian Public Health Association is primarily a national voluntary health agency. It is concerned with promoting the health of all who live in Canada. For more than thirty years the Association has concentrated its efforts on the strengthening of the public health profession, realizing that this is of the first importance. The effectiveness of all health departments, federal, provincial and local, is dependent upon properly qualified public health physicians, dentists, nurses, sanitarians and other essential personnel.

The Committee on the Needs of the Association under Dr. K. C. Charron in its report last year emphasized the necessity for greater financial support. The annual meeting endorsed a substantial increase in the membership fees. The provincial departments of health expressed their support of the plans for strengthening the Association by approving of larger payments for the services rendered by the Association. At the Jubilee Meeting the Association took a third step, namely, the approving of the provision of Sustaining Membership by which leading companies and institutions might express in a practical way their interest and support of the Association's program of national health promotion. It has been possible to present the work of the Association to relatively few companies. The response has been most gratifying giving evidence of the place of the Association in Canada's health program. To the companies which have generously provided their support the Canadian Public Health Association expresses its appreciation and tenders its thanks.

THE JUBILEE MEETING—MONTREAL, JUNE 1, 2, and 3, 1959

THE annual meeting which marked the fiftieth year of the Association was convened in June in Montreal, the city in which the first public meeting was held. The first meeting was a highly important occasion for public health was officially recognized as a responsibility of government by the federal and provincial governments alike. At this meeting papers were presented outlining the necessity of safe-guarding public water supplies by filtration and by the recently introduced procedure of chlorination; the value of pasteurization of milk supplies in preventing epidemics of typhoid fever was discussed and the importance to health of adequate housing. The Canadian Public Health Association at this first meeting took its place as the national health association of Canada thereby fulfilling the hopes of its pioneer, Dr. Edward Playter.

The Jubilee Meeting, like the first meeting, brought together representatives of health departments from coast to coast. The program reflected the changes in public health work since the establishment of the Association. Sections of the Association, ten in number, have been formed over the years to deal with special fields. The program committee, with Dr. A.-R. Foley as chairman, succeeded admirably in arranging the nineteen section meetings and provided a number of joint section meetings for the discussion of problems of common interest. There were three general sessions of the congress and two luncheon sessions. The luncheon address of the Honourable Mr. J. Waldo Monteith, Minister of National Health and Welfare, is presented in this issue of the Journal. The second luncheon was addressed by Dr. Halbert L. Dunn, Chief, National Office of Vital Statistics, Washington, D.C.

At the first general session, the presidential address was delivered by Dr. Jules Gilbert. In keeping with the Jubilee, the early history of the Association was presented under the title "Dr. Edward Playter—A Vision Fulfilled" which was followed by "The Association—Today and Tomorrow". These three addresses are presented in this issue of the Journal. At the second general session the Association had the pleasure of hearing Dr. George Rosen, Editor of the American Journal of Public Health.

The Jubilee Dinner was an outstanding occasion, following a reception given by the president, Dr. Jules Gilbert and Mrs. Gilbert and by Dr. and Mrs. Cyrille Pomerleau. These two events afforded the opportunity of meeting old and new friends. Many past presidents of the Association and their wives were present and were seated at a special head table. At the dinner, Honorary Life Membership in the Canadian Public Health Association was awarded to Dr. J. T. Phair, former deputy minister of health of Ontario and to Dr. J. A. Baudouin of Montreal, both of whose contributions to public health are very well known. The highlight of the dinner was an address by Dr. Margaret Nix, department of health and social medicine, McGill University. "Five Million Reasons" was the intriguing title of her address and all will remember the moving appeal which she made for the five million children of Canada and their right to health.

JUBILEE MEETING



Dr. J. Ernest Sylvestre, vice-president; Dr. Jules Gilbert, president; Dr. A.-R. Foley, chairman, program committee.

Past Presidents' Table—Jubilee Dinner.
L.R. Dr. Ad. Groulx (1943), Dr. C. W. MacMillan (1946), Dr. J. A. Melanson (1956), Mrs. Ad. Groulx, Dr. R. D. Defries (1953).



Some of the members of the Local Organization Committee and their families at the Jubilee Dinner. L.-R. Dr. G. Charest, Mrs. Lucien Dubreuil, Dr. Lucien Dubreuil, Mrs. A.-B. Valois, Dr. A.-B. Valois, Miss Charest, Dr. J. A. Landreville, Miss L. Sénécal, Dr. Henry Saccharu.

MONTREAL, JUNE 1, 2, and 3

nt; Dr.
Foley,
Dr. G. W. O. Moss, honorary secretary;
Dr. J. S. Robertson, president-elect; Dr.
A.-B. Valois, chairman, publicity committee.



Past Presidents' Table—Jubilee Dinner.

L.-R. Dr. A.-R. Foley (1947) Mrs. C. W. MacMillan, Dr. R. E. Wodehouse (1939), Mrs. J. A. Melanson, Dr. A. R. Morton (1949), Mrs. A.-R. Foley, Dr. S. Stewart Murray (1958).

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Mrs.
l, Mrs.
harest,
al, Dr.
Ceremony at the University of Montreal.
Msgr. Irénée Lussier, Rector, conferring
degree of Doctor of Public Health (*honoris
causa*) on Dr. R. D. Defries who was pre-
sented by Dr. Armand Frappier, Dean of the
School of Hygiene.



Greetings were received from various national health organizations and the good wishes of the Society of Medical Officers of Health of Great Britain were conveyed on a parchment scroll.

Of interest to graduates of several schools of hygiene on this continent were the breakfast and luncheon meetings of graduates. This is an innovation which is particularly pleasing and meets a long-felt need. Breakfast meetings were held for the graduates of the School of Hygiene, University of Toronto and for graduates of the School of Hygiene, University of Montreal.

To permit presentation of scientific papers at the sessions without interruption and to afford the opportunity to give careful consideration to the program and work of the Association, the governing body of the Association, the Executive Council, met as usual before the opening of the congress. The Council is a representative body and its findings are of importance not only to the Association but to federal, provincial and local health authorities.

Following the close of the sessions, Monseigneur I. H. Lussier, Rector, University of Montreal, conferred on the editor of the Association's journal an honorary doctorate in public health. Dr. Defries was presented by Dr. Armand Frappier, Dean of the School of Hygiene, who referred to the friendships which relate together the two schools of hygiene in Canada. The awarding of this degree *honoris causa* to Dr. Defries on the occasion of the Jubilee of the Association was deeply appreciated by him and by many members as an honour to the Association.

The outstanding success of the meeting was due to the work of the local organization committee under the immediate direction of the president, Dr. Jules Gilbert. The simultaneous translation service provided in the ballroom was an innovation which was greatly appreciated. Dr. Adelard Groulx and the members of the reception committee provided a program of visits and entertainment enjoyed by the members and by their wives. The generous hospitality of the City of Montreal will long be remembered and the support of the Ministry of Health of the Province of Quebec added greatly to the success of the meeting. The committees on publicity, accommodation and exhibits functioned admirably and special thanks are due to Dr. Paul Parrot, chairman of the finance committee.

The Jubilee Meeting gave to the members of the Canadian Public Health Association a new realization of their heritage!

*The Society of
Medical Officers of Health
to
The Canadian
Public Health Association*

The Society of Medical Officers of Health, founded in 1838, wishes, through its esteemed and highly respected Secretary, Mr. R. A. Defries, to congratulate its sister organizations, on observing the Jubilee of Health, to thank it for its notable contributions to public health as recorded in this country and the world through the Canadian Journal of Public Health, and to wish it and all its members continued success in all their endeavours to promote the health of the people of Canada to whom this country is so closely tied.

*J. A. Gilbert
President
Society of Medical Officers of Health
Montreal, Quebec*

17th April, 1959

The Canadian Public Health Association

Annual Report

1958-1959

PART III

REPORT OF THE COMMITTEE ON HONORARY LIFE MEMBERSHIP

Jules Gilbert, M.D., D.P.H., Chairman

IN PRESENTING ITS REPORT this year, the Committee desires that the Association honour two outstanding leaders in public health in Canada who have, throughout their years of public service, rendered unique service to the Canadian Public Health Association.

Dr. J. A. Baudouin, Montreal, has given valuable leadership to the Association, serving as President for three terms during the difficult years immediately after the close of World War I and continuing, until his retirement, to share in the Association's work.

Dr. J. T. Phair, Toronto, is known throughout Canada for his distinguished service in public health. Early in his public career he became associated with the Canadian Public Health Association. He was appointed Honorary Secretary in 1923 and continued to serve in this important office until his appointment as Deputy Minister of Health and Hospitals in Ontario in 1945. In 1949-50 he accepted the presidency of the Association.

The Canadian Public Health Association is deeply indebted to Dr. Phair for his great contribution to its development and for his unfailing support.

It is indeed pleasing that the Association can, in this Jubilee year, express to Dr. Phair its appreciation of his great contribution to the development of the Association and can honour Dr. Baudouin for his life-long devotion to the Association.

The following are the recipients of awards in past years:

1933-34—Elzéar Pelletier, M.D., Montreal, P.Q.

John A. Amyot, M.D., Ottawa, Ont.

J. D. Page, M.D., Quebec, P.Q.

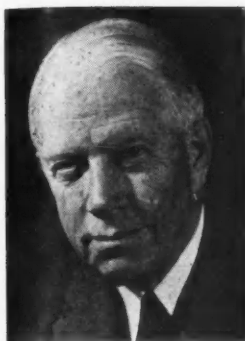
Charles A. Hodgetts, M.D., London, Ont.

1934-35—Surgeon General H. S. Cumming, Washington, D.C.

H. W. Hill, M.D., D.P.H., LL.D., London, Ont.

M. Stuart Fraser, M.D., Winnipeg, Manitoba

- 1935-36—Walter H. Brown, M.D., Palo Alta, Cal.
A. J. Chesley, M.D., St. Paul, Minnesota
J. W. S. McCullough, M.D., D.P.H., Toronto, Ont.
Mr. E. S. McPhail, Ottawa, Ont.
- 1936-37—John A. Ferrell, M.D., New York, N.Y.
George F. Buchan, M.R.C.P., D.P.H., London, Eng.
Helen MacMurchy, C.B.E., M.D., Toronto, Ont.
- 1937-38—Seraphim Boucher, M.D., D.P.H., LL.D., Montreal, P.Q.
Alphonse Lessard, M.D., Quebec, P.Q.
H. E. Young, M.D., LL.D., Victoria, B.C.
- 1938-39—Sir Arthur MacNalty, M.C.B., M.D., F.R.C.P., K.H.P., London, Eng.
A. J. Douglas, LL.D., B.A., M.D., C.M., F.R.C.P.(C), Winnipeg, Manitoba
John Knox McLeod, M.D., Sydney, Nova Scotia.
John J. Cameron, M.D., Antigonish, N.S.
- 1939-40—E. W. Montgomery, M.S., M.D., C.M., LL.D., F.A.C.P., Winnipeg, Manitoba
Honourable J. M. Uhrich, Ph.C., M.D., Regina, Sask.
- 1941-42—William Warwick, M.D., D.P.H., Fredericton, N.B.
George Dana Porter, M.B., Toronto, Ont.
- 1946-47—Elizabeth Smellie, C.B.E., R.R.C., LL.D., Ottawa, Ont.
Sir Wilson Jameson, M.D., M.R.C.P., D.P.H., R.C.P.S., London, Eng.
- 1947-48—P. S. Campbell, M.D., Halifax, N.S.
Arthur Wilson, M.D., Vancouver, B.C.
Sir Allen Daley, M.D., F.R.C.P., D.P.H., F.R.S.H., London, Eng.
- 1951-52—Malcolm R. Bow, M.D., D.P.H., Edmonton, Alta.
Miss E. Russell, R.N., Winnipeg, Man.
- 1954-55—Lt. Col. Allan Coats Rankin, C.M.G., M.D., C.M., D.P.H., F.R.C.P.(C), Edmonton, Alta.
Robert M. Shaw, M.D., D.P.H., F.R.C.P.(C), Edmonton, Alta.
- 1955-56—Roy Fraser, B.S.A., M.A., F.R.M.S., LL.D., Sackville, N.B.
Margaret E. MacKenzie, R.N., Halifax, N.S.
John J. MacRitchie, M.D., C.M., Halifax, N.S.
Mac Harvey McCrady, B.S., D.Sc., Montreal, P.Q.
Freeman O'Neil, M.D., Sydney, N.S.
Joseph P. Richard, M.D., Petit Rocher Nord, N.B.
- 1956-57—E. G. D. Murray, C.B.E., M.A., L.M.S.S.A., M.D., D.Sc., F.R.S.C. London, Ont.
Fraser Brockington, M.A., M.D., B.Chir., D.P.H., M.Sc., M.R.C.S., L.R.C.P., Manchester, Eng.
Florence Emory, R.N., Toronto, Ont.
Frederick W. Jackson, M.D., D.P.H., Winnipeg, Man.
- 1957-58—G. Brock Chisholm, M.D., Victoria, B.C.
Marcolino G. Candau, M.D., M.P.H., Geneva, Switzerland
Wilson G. Smillie, A.B., M.D., Dr.P.H., Sc.D.(Hon.), Newfane, Vermont, U.S.A.



JOHN T. PHAIR, M.B., D.P.H.

Dr. John Thomas Phair was born in Toronto and graduated in medicine from the University of Toronto in the class of 1908. After five years in general practice, he entered the public health field. He can now look back on 45 years in which he has devoted himself to the bettering of public health services. He was associated with the Toronto Board of Education from 1912 until 1917 as school medical officer. In 1917, he joined the Toronto Department of Health as District Medical Officer and Director of Medical Services. In January 1921, he became Provincial Chief School Medical Officer (Department of Education) and in the same year obtained his Diploma in Public Health from the University of Toronto. Four years later, he was transferred to the Ontario Department of Health and held the post of Director of Maternal and Child Hygiene and Public Health Nursing. In 1935, he succeeded the late Dr. J. W. S. McCullough as Chief Medical Officer of Health for the Province and continued in that capacity until 1945, when he took over the post of Deputy Minister of Health and Hospitals. He retired from that position on January 1, 1958, but his services to the Department are being continued as Consultant.

Dr. Phair is Honorary Adviser in Public Health to the Canadian Red Cross Society, and is also Chairman of the National Junior Red Cross Committee. During the second world war he was chairman of the Red Cross National Blood Donor Committee. He is also Medical Consultant to the Victorian Order of Nurses for Canada. He is a former President of the Canadian Public Health Association. Prior to his election as President, he had served that organization as Honorary Secretary for some twenty-five years. For many years, Dr. Phair was on the Governing Council of the American Public Health Association and served a term as Vice-President. He was a Charter Fellow of that Association. He is a former President of the State and Provincial Health Authorities of North America.

Dr. Phair has been a regular contributor to public health and medical journals and, despite his many interests, has found time to write a number of textbooks on health. In 1952 he was chosen as one of the Canadian delegates to the World Health Organization Assembly in Geneva. In 1955, he was signally honoured by being made a Life Member of the Ontario Medical Association.

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**JOSEPH ALBERT BAUDOUIN, M.D., D.P.H.**

Dr. Joseph Albert Baudouin was born at Farnham, Quebec. After receiving his B.A. from Montreal College he enrolled in medicine at Laval University and graduated in 1900. Dr. Baudouin entered the field of public health early in his career. In 1909 he became medical officer of health of the town of Lachine, a post which he filled until 1917. In 1912 he obtained his diploma in public health from Laval University and in 1921 he studied at the school of hygiene, Johns Hopkins University. Dr. Baudouin joined the Provincial Board of Health of Quebec in 1917 and in 1920 he became assistant professor of hygiene in the Faculty of Medicine, University of Montreal. In 1925 he was appointed Director of the Department of Public Health and Preventive Medicine.

In 1925 Dr. Baudouin was elected President of the Canadian Public Health Association and in 1927 he became President of La Société Médicale of Montreal.

One of Dr. Baudouin's principal interests was the lowering of the infant mortality rate in the province of Quebec. His work in relating the efforts of the public health service and local parish groups contributed greatly to the substantial reduction in infant mortality in the city of Montreal and throughout the province.

Among the many accomplishments of a career devoted to teaching and to public health was the founding of a training school for public health nurses which was later integrated with the School of Hygiene of the University of Montreal. Under Dr. Baudouin's direction several centers were established in Montreal for experimental research in methods of vaccination and immunization and particularly for the study of BCG vaccination against tuberculosis and the use of Ramon's anatoxin for immunization against diphtheria. Dr. Baudouin was a tireless worker in the fight against tuberculosis and his valuable studies of BCG vaccination led to his being invited by the government of France in 1950 to represent Canada at an international congress on BCG.

For his high attainments as professor and research worker Dr. Baudouin was granted a doctorate in social sciences by the University of Montreal. An important part of his work was the publication of his writings which include valuable studies in various fields of public health, textbooks for the guidance of his students and a general work entitled "Le Bilan Vie".

Dr. Baudouin is well known and admired throughout Canada and internationally for his great achievements in public health administration, teaching, and research.

News Notes

Federal

Royal Assent was given on July 8 to a bill for the establishment and administration of the Queen Elizabeth II Canadian Research Fund. In announcing creation of the \$1,000,000 fund to commemorate Her Majesty's visit to Canada this year, the prime minister, Rt. Hon. John Diefenbaker stated that the fund's purpose is "to provide financial aid to institutions and individuals in Canada engaged in research in children's diseases" and expressed satisfaction that it was possible to show in the Queen's name "support for the efforts being pursued in all parts of the country toward the progressive elimination of the scourge of diseases affecting children".

Agreements under the Hospital Insurance and Diagnostic Services Act between the Dominion government and the provinces of New Brunswick and Prince Edward Island have been signed. Hospital insurance began in New Brunswick on July 1 and is scheduled to commence in Prince Edward Island on October 1.

A national health grant of \$17,830 has been made available to le Centre de Réhabilitation de la Vallée du St. Maurice, Three Rivers, to assist in the development of a rehabilitation center for crippled children in that part of Quebec.

Hon. Howard C. Green, minister of external affairs, announced in the House of Commons late in June that Canada will be one of about 40 countries that will participate in the United Nations' World Refugee Year program. He stated that the Government is giving particular attention to the possibility of a scheme whereby a limited number of tuberculous cases might be admitted to Canada, together with their dependents, and given treatment in Canadian institutions.

A national health grant of approximately \$29,200 has been approved to assist with the purchase of scientific equipment for a school of nursing recently established at the University of New Brunswick, Fredericton. Classes are expected to begin in September, following five years of planning and preparation on the part of the Dominion and provincial governments, the New Brunswick Association of Registered Nurses, the

Canadian Nurses Association and the university.

Prior to the opening of the International Congress of Paediatricians, 16 paediatricians from the U.S.S.R. visited hospitals and teaching centers in Ottawa, Toronto and Montreal.

Central Mortgage and Housing Corporation has awarded a grant not exceeding \$10,500 to the City of Sydney, N.S., for a housing and urban renewal study to be directed by Professor Harold Spence-Sales of McGill University.

Dr. G. D. W. Cameron, deputy minister of national health, Department of National Health and Welfare, has been named a Knight of Grace and Dr. K. C. Charron, director of health services, an Officer Brother of the Venerable Order of St. John of Jerusalem, popularly known as the St. John Ambulance.

Miss Verna Huffman, B.Sc., left the civil service health division, Department of National Health and Welfare, at the end of August on a year's leave of absence to serve as a public health nursing consultant with WHO in British Guiana, Trinidad, the Barbados and other islands of the West Indies Federation.

The 38th annual Eastern Arctic Patrol left Montreal on June 27. Dr. A. H. M. Stevens, medical assistant in the Eastern Canada regional headquarters of Indian and northern health services, Department of National Health and Welfare, is officer commanding the patrol which includes a radiologist, X-ray technician, dental officer, two nurses, an Eskimo ward aide and interpreter-registrar. The patrol expects to X-ray about 2,800 Eskimos and to give physical examinations to most of them.

British Columbia

The division of preventive dentistry of the Provincial Health Branch now has eighteen sets of portable dental equipment. Plans have been completed to treat young children at locally sponsored dental clinics in small and remote communities of the province. In addition, the visiting dentists will assist local dental health programs. Assistance from the Provincial Health Branch is provided by a grant

covering 50 per cent of clinic expenses and a grant to the dentist towards his travelling expenses. Some forty towns and settlements, many far from a practising dentist, will be visited.

The recent drive in Vancouver for free Salk vaccination of adults has been very successful. Over 90,000 doses have been given to date and the work is being continued.

Staff Changes

Dr. J. H. Smith resigned as director of the North Fraser Health Unit, having accepted an appointment as director of occupational health with the Greater Vancouver Metropolitan Health Committee.

Dr. Dennis Bullen has been appointed regional dental consultant to the three health units of East Kootenay, West Kootenay and Selkirk, replacing Dr. J. M. Conchie who is now serving in the Fraser Valley. Dr. Bullen will take the D.D.P.H. course at the University of Toronto and will return to the Kootenays next summer.

Mr. Neville W. E. Cox has been appointed sanitary inspector to the East Kootenay Health Unit at Kimberley.

Alberta

Mrs. Dorothy McPhail, director of public health nursing in the Provincial Department of Public Health, has returned from the University of Michigan with her Master's degree in Public Health upon completion of a course in administration and supervision in public health nursing.

Mrs. Janet Bailey, who acted as director of public health nursing during the absence of Mrs. McPhail, has been appointed nursing consultant in maternal and child health in the Provincial Department of Public Health.

Dr. Walter Zacherl, dental officer of the Jasper Place Health Unit, has returned from the School of Hygiene, University of Toronto, having obtained his Diploma in Dental Public Health.

Dr. A. C. McGugan, superintendent of the University of Alberta Hospital has received the George Findly Stephens Memorial Award from the Canadian Hospital Association for meritorious and outstanding service in the hospital field.

Saskatchewan

Dr. F. S. Lawson, director of the department's Psychiatric Services Branch, was elected president of the Canadian Psychiatric Association at its meeting in Ottawa recently.

At Saskatoon, Dr. Harvey C. Boughton ended 40 years of service to the tubercu-

lous, and was honored by the directors of the Saskatchewan Anti-Tuberculosis League and the staff of the Saskatoon Sanatorium. He retired recently from the post of medical superintendent, having held the position since the sanatorium was opened in 1925.

Dr. David J. Hosking has resumed his post as medical health officer in charge of the Prince Albert Health Region after taking the qualifying course for the diploma in public health at the School of Hygiene, University of Toronto, where he shared with another physician the Donald T. Fraser memorial award.

Dr. A. McCutcheon resigned his position as medical health officer of the Assiniboia-Gravelbourg Health Region to return to Scotland.

Dr. Czeslaw Lenk has been transferred from the Rosetown Health Region to be in charge of the Weyburn-Estevan Health Region.

Nursing Services Division

The director of nursing services, the consultants and one or more nurses from each health region attended the convention of the Saskatchewan Registered Nurses Association. Three of the nursing staff of the Weyburn Health Region, with the help of a physician and a director of nursing, presented a dramatization of the subject, "Correlation of Hospital and Public Health Nursing Services." Miss M. E. Niblett, Regional Nursing Supervisor, acted as commentator; Miss L. Jenkins and Miss O. Bieber as public health nurses. Mrs. E. Mitchell, Director of Nursing, Weyburn Union Hospital, and Dr. Wolffe, were the cast and demonstrated the steps in referral of a premature infant.

Manitoba

Formerly director of the school of home economics, University of Manitoba, Miss Isabel MacArthur has joined the staff of the Manitoba Department as consultant dietitian.

Dr. Dorothy Hall, a graduate of the Royal Free Hospital School of Medicine, London, England, has been appointed medical director at Portage la Prairie Health Unit.

A recently established special advisory committee will study the effects of radiation on humans and the existence and extent of sources of radiation in Manitoba. Health department representatives on this scientific committee are Dr. Hugh Malcolmson, director of environmental sanitation and Wm. Ward, chemist in the industrial hygiene laboratory.

Ontario

Dr. G. C. Brink, who has been on the staff of the Ontario Department of Health for 36 years and has been Director of the Division of Tuberculosis Prevention for 24 years, was honoured at a dinner marking his retirement which was held at the Royal York Hotel, Toronto. Tribute was paid to Dr. Brink's great contribution to tuberculosis control and particularly to his encouragement of laymen to take an active part in the campaign to wipe out TB. Dr. Brink was presented with a portrait of himself painted by Toronto artist, Cleve Horne. The portrait was a gift from his many friends.

The Ontario Department of Health has produced and recently published a coloured comic book for young children—"Tommy and His Adventures in Healthy Hollow". Through the medium of "dreamland", Tommy, a small boy, finds himself in a strange land called Healthy Hollow and with an Old Man as his guide he is taught, in an entertaining and easily understandable manner, the basic rules essential to the maintenance of good health.

The Ontario Medical Association will hold a Medical Exposition called "Mediscope 59" in the Queen Elizabeth Building, Canadian National Exhibition from October 12 to the 17. The exposition will consist of exhibits and demonstrations designed to interest the public in the progress in medicine and the services rendered by the medical profession and associated health agencies.

Dr. J. E. Davey, D.S.O., health officer of the city of Hamilton for many years celebrated recently his 86th birthday and was honoured by the unveiling of a stained glass window at Zion United Church. Dr. Davey has been a member and officer and teacher in this church for the past 50 years. During World War I he was a lieutenant-colonel in the army medical corps.

School of Hygiene, University of Toronto

A "Breakfast Meeting" of the School Alumni and friends was held in the Sheraton-Mt. Royal Hotel, Montreal, June 2, 1959. Dr. A. F. Peart was in the chair. The next year's executive elected were: Dr. R. D. Defries, Honorary President, Dr. G. F. Amyot, President, Dr. J. S. Robertson, Vice-President, Dr. J. H. Baillie, Past President, Dr. D. L. MacLean, Secretary and Mr. D. M. MacIntyre, Treasurer. Dr. A. J. Rhodes, Director of the School reported on the school activities.

Forty-five were present including: R. D. Barron, E. W. R. Best, M. H. Brown, R. W.

Butler, Miss M. Cahoon, G. Charest, W. H. Cross, L. A. Clarke, E. L. Davey, R. D. Defries, R. Deschenes, J. A. DuPont, S. Dupre, J. Gauthier, R. G. Grenon, J. Gilbert, C. F. W. Hames, R. A. Kennedy, J. A. Melanson, S. S. Murray, G. W. O. Moss, W. Mosley, D. L. MacLean, D. M. McLean, R. G. McQuillan, J. M. Parker, K. R. O'Regan, Miss C. Pouliot, A. F. W. Peart, A. J. Rhodes, A. Roy, L. Surcette, G. Q. Sutherland, L. W. C. Sturgeon, J. E. Sylvestre, R. G. Struthers, D. Stewart, W. N. Turpel, L. R. Vezina, G. R. Walton, R. J. Wilson, W. F. Wright, F. O. Wishart, Jean F. Webb, G. E. Wride.

Quebec

The first Canadian symposium of non-gonoccal urethritis and human trichomoniasis was held in Montreal at Notre Dame Hospital on September 21 and 22. It was arranged by the International Study Group on Human Trichomoniasis with the support of Poulenc Limited, Montreal and was attended by representatives from many lands. A total of 45 papers was presented and these will be published in book form.

Dr. Armand Frappier, dean of the school of hygiene and director of the Institute of Microbiology and Hygiene of the University of Montreal was recently elected a Fellow of the Royal Society of Medicine of London, England.

Nova Scotia

Miss Anna Kate Lynskey has joined the staff of the Provincial Department of Health, with headquarters in Cape Breton. Miss Lynskey was born in Ireland, and has been doing hospital and public health work in London, England.

Miss Phyllis Dickie, public health nurse, is acting supervisor in the Lunenburg-Queens Division, having been transferred from the Chester district.

Miss Gloria Matheson, public health nurse, St. Peter's, has been transferred to the Dartmouth district.

Miss Mary Marshall, R.N. and Miss Cecile Amirault, R.N. have returned from taking the advanced course in Public Health Nursing and Supervision, at the University of Toronto. They are to have their headquarters in Dartmouth and Yarmouth, respectively.

Miss Pauline MacDougall, R.N., and Miss Carol Smith, R.N., have again joined our staff, having taken the course in public health nursing at Dalhousie University during the past year. Miss MacDougall's headquarters are Margaree Forks and Miss Smith's Yarmouth.

Books and Reports

CENTAUR, Essays on the History of Medical Ideas. *Felix Marti-Ibañez, M.D. M.D. Publications, Inc., New York. 1959. 736 pp. \$6.00.*

Medico-historical and scientific papers by the author have been published in journals and he has brought together in this volume a large number of essays, grouping these under the headings: I—Medical Humanities. II—Tapestry of History. III—The Philosophy of Medicine. IV—Medical Communication. V—The Mirror of Psychiatry. VI—Through the Psychological Glass. VII—The Artist's World and VIII—Editorial Messages. The last group is composed of twenty-four editorials from *M.D. Medical News Magazine* of which the author is the editor. This book is an unusual and interesting contribution in the study of the history of medicine.

THE PHYSICIAN-WRITER'S BOOK.

Richard M. Hewitt, A.M., M.D., Mayo Foundation Graduate School, W. B. Saunders Co., Philadelphia. 1957, 415 pp., 37 figures, \$9.00.

The aim in preparing the book was to aid the inexperienced, occasional physician-author, whose material is written for other physicians. The author, for nearly 25 years has lectured at the Mayo Foundation Graduate School, University of Minnesota, where he is senior consultant on the section of publications, the Mayo Clinic. The book consists of seven parts: part 1, the Whole Article or Book; part 2, the Paragraph; part 3, the Sentence; part 4, Words, Brief Groups of Words and Topics Suggested by Them; part 5, Tables and Illustrations; part 6, Preparing the Manuscript for Release and Securing a Copyright and part 7, Ethics. The author has presented additional material in a series of appendices, one for each chapter, consisting of helpful notes and comments. The book serves as an excellent manual. One can turn to a particular division of a subject and find there the information needed. The book can be highly recommended to

every physician who undertakes the preparation of an article for publication.

BIGGER'S HANDBOOK OF BACTERIO-

LOGY. *Seventh Edition by F. S. Stewart, Published by Macmillan of Canada. 1959, 611 pp. \$6.35.*

For this, its seventh edition, this well known handbook has been largely rewritten, only about one quarter of the text being retained from the sixth edition in 1945. Important advances have been made in many fields of bacteriology and new chapters have been written on disinfection, antigens and antibodies, antigen-antibody reactions, hypersensitivity, the streptococci, the coliform bacteria and bacterial classification. This textbook has an established place and the new seventh edition by Dr. F. S. Stewart, who succeeded the late Professor J. W. Bigger as professor of bacteriology and preventive medicine in the University of Dublin, will be greatly welcomed.

OCCUPATIONAL ALLERGY. *Lectures*

held during a course on occupational allergy at The Hague, May 1958 under the auspices of the European Academy of Allergy. Published by Charles C. Thomas, Springfield, Mass., in Canada, Ryerson Press, Toronto. 1958, 329 pp., \$12.00.

Of recent years there has arisen a growing realization of the need for careful assessment of the role of allergy in different occupations, for the views of an authoritative group rather than those of individuals. The contributions by clinical authorities are presented in groups according to subject—the definition of occupational allergy; allergic diseases; the allergic examination; allergic diseases in different professions and industries; therapy of allergic reactions; prevention of allergic reactions; social significance of occupational allergy. This collection should prove of great value to all physicians interested in allergy and particularly to those concerned with allergy as related to industry. It presents concisely the views of many European workers in this field.

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